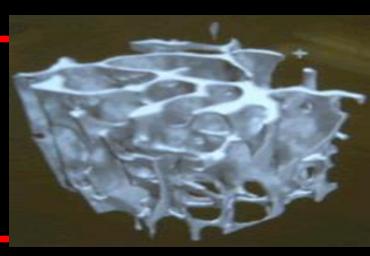


# Bone Densitometry How to dictate a DEXA

Dr. Tudor H. Hughes M.D., FRCR Department of Radiology University of California School of Medicine San Diego, California

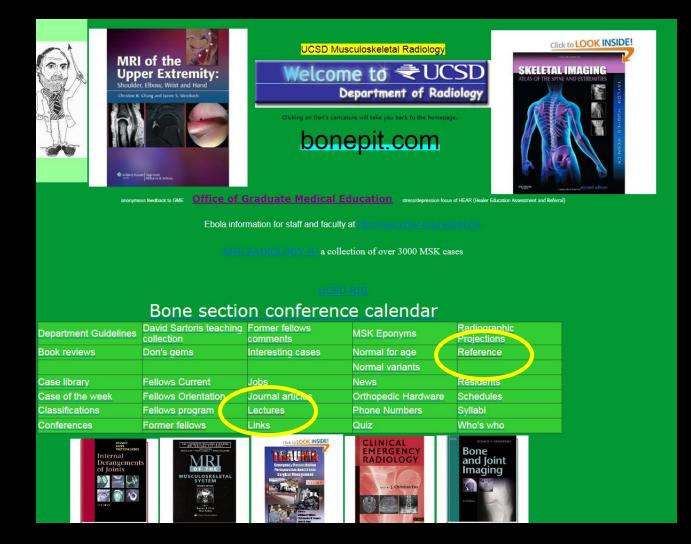


Interpretation of DEXA

### **DEXA References**

### <u>ISCD 2019</u>

WHO 2004



### Bonepit.com

# For Reference CPT codes for DEXA

 77085 / 77080 Axial skeleton(hips, pelvis, spine) including vertebral fracture assessment

• 77081 Peripheral DEXA forearm

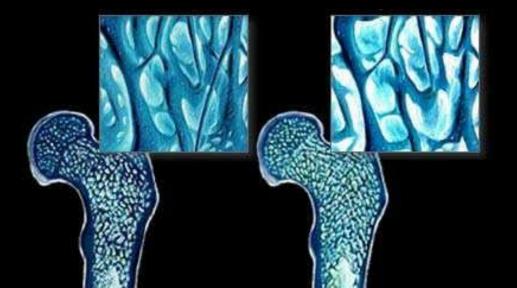
 77086 Vertebral fracture assessment-DXA



Osteoporosis is the most common metabolic bone disorder. It has been defined by the National Institutes of Health as an age-related disorder characterized by

decreased bone mass and increased susceptibility to fractures

in the absence of other recognizable causes of bone loss.

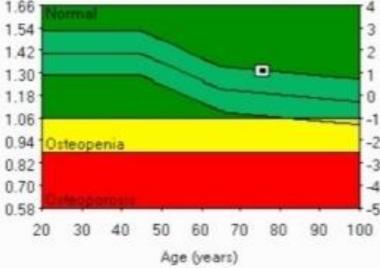


### Osteoporosis

- Risk factors
  - may be superimposed upon either involutional or secondary osteoporosis, including :
- Smoking
- Alcohol
- Poor diet
- Lack of exercise
- An early menopause
- Strong family history
- Small frame

### Osteoporosis

 The normal rate of bone loss is 2% per year, hence 20-40% of the female bone mass is already lost by the age of 65 years of age, beginning before the menopause and accelerating during and afterwards



### Osteoporosis

 Bone mass is the major determinant of bone strength that can be measured by non-invasive techniques, and accounts for 75-85% of this parameter



# DEXA has very high accuracy

(the difference in the measurement from a known standard) and

### precision

(observed deviation of serial measurements with time) both short and long term to within 1% at the hip and spine

### DEXA

- DEXA is at present the most precise measurement of BMD
- QCT is more sensitive to change

### DEXA

DEXA effective dose 1 µSv

- Fracture risk doubles with every SD drop in BD
- T score = <u>Patient BMD Young adult mean BMD</u>
   1 SD of young adult

## DEXA Interpretation



Known Bowel Disease(diarrhoea)

Other Medical Condition

Ν

Ν

Y

Υ

Diagnosis?

List

# DEXA Interpretation

Bone densitometry drug sheet

Drugs that may cause osteoporosis

Corticosteroids Dilantin Diuretics Methotrexate Thyroxine Heparin Depomedroxyprogesterone acetate Gonadotrophin releasing hormone agonists Cyclosporin

Find out as much relevant information as possible

Drugs to treat osteoporosis	
HRT:	Estrogen
(SERMS):	Raloxifene (Evista)
Calcitonin:	(Nasal spray) (Miacalcin)
Bisphosphonates:	Alendronate (Fosamax) Etidronate (Didronel) Risedronate (Actonel) Ibandronate Pamidronate (Aredia)

Others: Combinations, Thiazides, Fluoride, PTH, Growth Hormone, Bicarbonate, Active Vitamin D

### **DEXA** Dictation

- In Fluency
- Templates
- Find Templates
- Owner
- Hughes, Tudor
- Modality DEXA
- Body Part ALL
- Insert

Fluency Reporting - Find Template		×
	Find Template	
TEMPLATE NAME OWNER HUGHES, TUDOR	© 2014 Multimodal Technologies, Inc AnyModal Edit 7.93.22	*
Reset Search DEXA DEXA FU DEXA LESS THAN 50 DEXA LESS THAN 50 FU DEXA PEDS FU DEXA PADS FU DEXA RADIUS 33 DEXA RADIUS 33 FU		
	Inse	rt

AVAILABLE TEMPLATES	
1. SYSTEM DEFAULT	
PERSONAL	
2. BLANK	
3. DEXA	
4. DEXA FU	
5. DEXA LESS THAN 50	
<ol><li>DEXA LESS THAN 50 FU</li></ol>	
7. DEXA PEDS	
8. DEXA PEDS FU	
9. DEXA RADIUS 33	
10. DEXA RADIUS 33 FU	

### **DEXA Dictations**

- In Fluency
- Macros
- Copy
  - DEXA Bad Lx
    - "In the setting of a patient with a lumbar spine that cannot be interpreted due to surgical or degenerative reasons, a follow up scan of the radius 33%, CPT code 77081, is recommended in addition to the hips"
  - DEXA FRAX
    - 10 year probability of fracture:
    - •
    - Major osteoporotic: []%
    - Hip: []%
    - •
    - Population: USA (Caucasian)
    - •
    - Based on DualFemur (left) neck BMD

### **DEXA Locations**



Via Tazon Phone (858 24) 94262 Edna

### TECHNIQUE:

[Lewis: General Electric Lunar Prodigy Advance.]

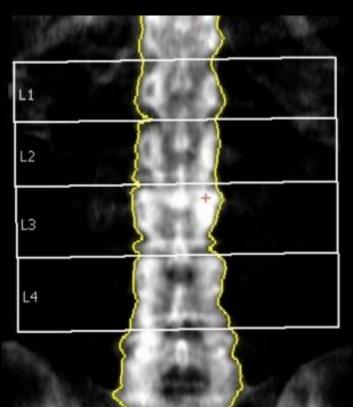
# Bone Densitometry DEXA spine check list

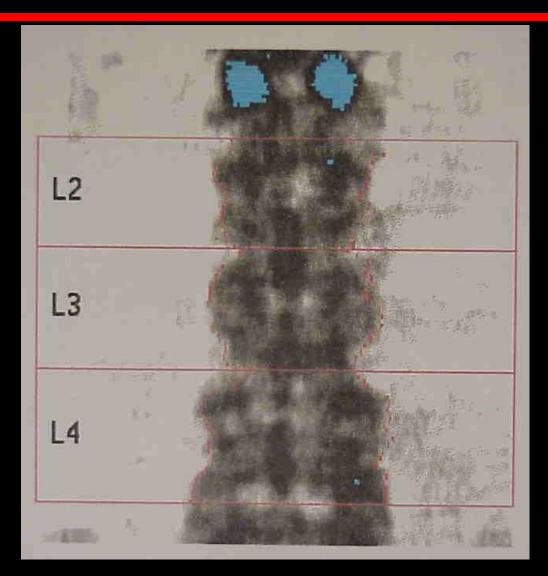
- Note the age, sex, ethnicity and weight
- Does this match the reference ranges?
- Is the bottom of L4 roughly at the level of the iliac crests.
- Are there any ribs on L1
- Scoliosis
- Are the vertebrae correctly divided
- Anything in the soft tissue

Birth Date:	10/17/1980 27.0 years	Referring Physician:	YUNG,GORD	ON	
Height / Weight:	58.0 in. 130.0 bs.	Measured:	10/30/2007	9:23:55 AM	(11.40)
Sex / Ethnic:	Male Hispanic	Analyzed:	10/30/2007	9:25:59 AM	(11.40)

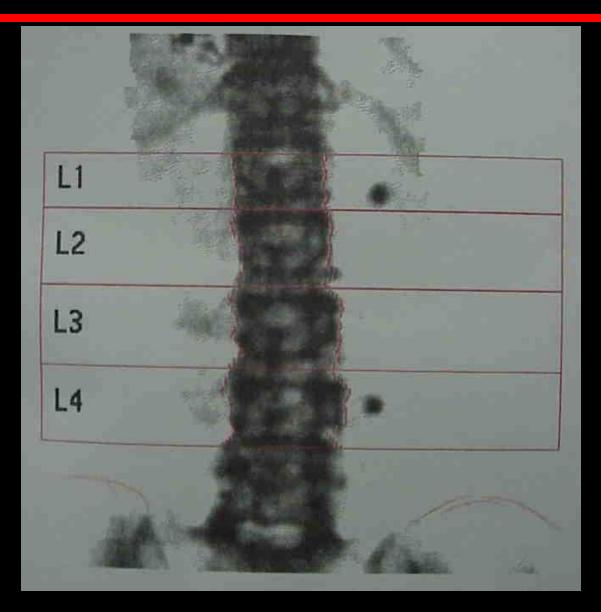
## Bone Densitometry DEXA spine check list

- Note the age, sex, ethnicity and weight
- Does this match the reference ranges?
- Is the bottom of L4 roughly at the level of the iliac crests
- Are there any ribs on L1
- Scoliosis
- Are the vertebrae correctly divided
- Anything in the soft tissue

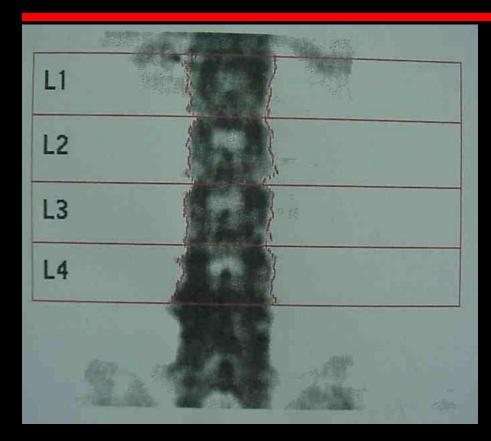


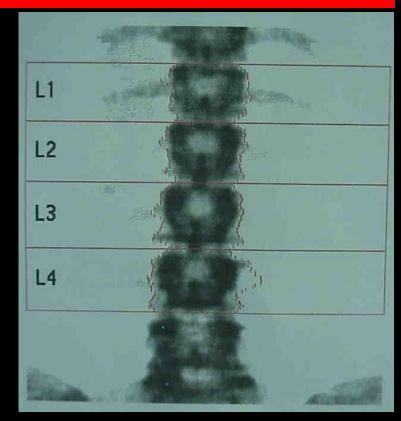


Vertebroplasty



### Calcium Tablets

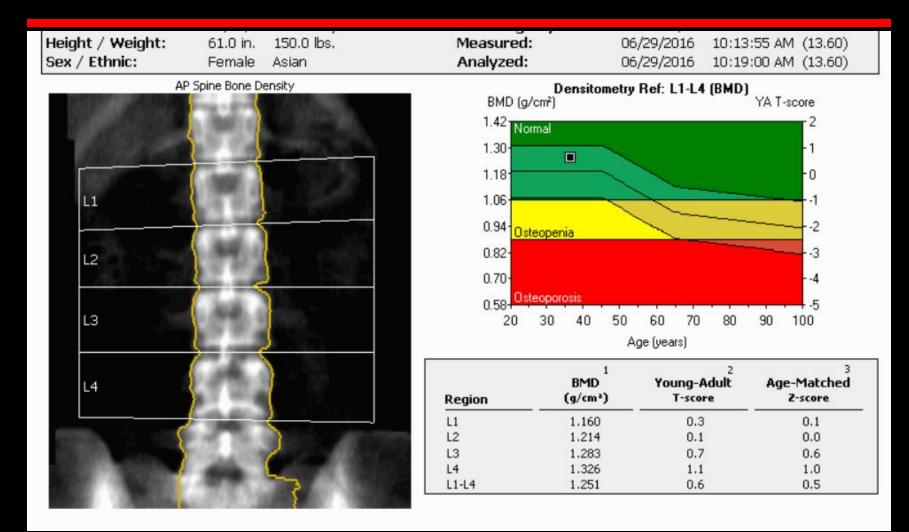




### Transitional vertebrae

Wrong levels

## Normal study



## Normal study

- Spine Region of Interest (ROI)
- Use PA L1-L4 for spine BMD measurement
- Use all evaluable vertebrae and only exclude vertebrae that are affected by local structural change or artifact. Use three vertebrae if four cannot be used and two if three cannot be used
- BMD based diagnostic classification should not be made using a single vertebra.
- If only one evaluable vertebra remains after excluding other vertebrae, diagnosis should be based on a different valid skeletal site
- Anatomically abnormal vertebrae may be excluded from analysis if:
  - They are clearly abnormal and non-assessable within the resolution of the system; or
  - There is more than a 1.0 T-score difference between the vertebra in question and adjacent vertebrae
- When vertebrae are excluded, the BMD of the remaining vertebrae is used to derive the T-score
- The lateral spine should not be used for diagnosis, but may have a role in monitoring

## Normal Study Ancillary results

Height / Weight: Sex / Ethnic:		150.0 lbs Asian				sured: yzed:	06/29/201 06/29/201		AM (13.60) AM (13.60)
ANCILLARY RES	ULTS [A	P Spir	ne]						
Region	1 BMD (g/cm²)	Young (%)	2 g-Adult T-score	Age-1 (%)	Matched Z-score	BMC (g)	Area (cm²)	Width (cm)	Height (cm)
L1	1.160	103	0.3	102	0.1	12.11	10.44	3.4	3.11
L2	1.214	101	0.1	100	0.0	12.74	10.50	3.4	3.09
L3	1.283	107	0.7	106	0.6	14.87	11.59	3.6	3.26
L4	1.326	111	1.1	109	1.0	17.27	13.02	3.8	3.43
L1-L2	1.187	102	0.2	101	0.1	24.86	20.94	3.4	6.19
L1-L3	1.221	104	0.4	103	0.3	39.72	32.53	3.4	9.45
L1-L4	1.251	106	0.6	105	0.5	56.99	45.55	3.5	12.88
L2-L3	1.250	104	0.4	103	0.3	27.61	22.09	3.5	6.34
L2-L4	1.278	107	0.7	105	0.6	44.88	35.11	3.6	9.77
L3-L4	1.306	109	0.9	108	0.8	32.14	24.61	3.7	6.69

Need to have less than 1SD of difference between the T scores of adjacent vertebrae.

When there is a significant level to level variation in the spine select the levels with the lower reading

Must have 2 or more adjacent vertebrae, or exclude spine all together.

If need to exclude spine use the macro "DEXA Bad Lx"

### Template "DEXA"

#### **TECHNIQUE:**

[Moores: General Electric Lunar Prodigy Advance.] [Lewis: General Electric Lunar Prodigy.]

#### COMPARISON:

None.

ETNIDTNICC

LUMBAR SPINE([Insert appropriate levels]): The bone mineral density is [] gm/cm sq. Percentage of young normal mean is []%. T-score is []. Percentage age-matched mean is []%. Z-score is [].

#### []

#### IMPRESSION:

According to the World Health Organization and National Osteoporosis Foundation the classification is, [insert lowest of T-score equivalent <u>wordage</u>; Osteoporosis, Low bone mass, Normal]

Please contact Dr. Tudor Hughes with any question regarding this study at pager: 0408

#### CONCURRENT SUPERVISION:

I have reviewed the images and agree with the Fellow's interpretation.

### **Bone Densitometry**

- In preventing Fxs it is the worst scenario that matters.
- Generally a slight increase in density as descend the L spine.
- Approx 6% increase between L1 and L4.

### ANCILLARY RESULTS [AP Spine]

BMD		Your	ag-Adult	Age-	Matched <sup>3</sup>	BMC	Area	Width	Height
Region	(g/cm²)	(%)	T-Score	(%)	Z-Score	(g)	(cm²)	(cm)	(cm)
L1	1.434	124	2.3	120	2.0	8.92	6.22	2.2	2.79
L2	1.983	160	6.2	156	5.9	24.44	12.33	3.6	3.46
L3	1.001	81	-2.0	79	-2.3	15.04	15.03	4.1	3.66
L4	0.937	76	-2.5	74	-2.8	16.51	17.62	4.8	3.69
L3-L4	0.966	78	-2.3	76	-2.6	31.55	32.65	4.4	7.35

## Bone Densitometry DEXA spine check list

- Look for significant level to level variations
- 1 T-score difference between adjacent levels don't include
- Use the macro "DEXA Bad Lx"

### ANCILLARY RESULTS [AP Spine]

BMD		Your	ag-Adult	Age-M	Matched <sup>3</sup>	BMC	Area	Width	Height
Region	(g/cm²)	(%)	T-Score	(%)	Z-Score	(g)	(cm²)	(cm)	(cm)
L1	1.434	124	2.3	120	2.0	8.92	6.22	2.2	2.79
L2	1.983	160	6.2	156	5.9	24.44	12.33	3.6	3.46
L3	1.001	81	-2.0	79	-2.3	15.04	15.03	4.1	3.66
L4	0.937	76	-2.5	74	-2.8	16.51	17.62	4.8	3.69
L3-L4	0.966	78	-2.3	76	-2.6	31.55	32.65	4.4	7.35

### What's wrong with this scan?

				SCAN DATE: 1	1/09/1998
u 🦾		В		Results	
	14			libration	_
L2 /			BMD	T	Z
		Region	g/cm²	Score	Score
L3		L1	1.453	2.69	5.39
		L2	1.821	5.18	7.87
L4		L3	1.777	4.80	7.50
		L4	1.611	3.43	6.12
200 C		L1-L2	1.624	3.95	6.65
100		L1-L3	1.667	4.14	6.84
100 C		L1-L4	1.653	3.94	6.64
100 C 100 C		L2-L3	1.801	5.01	7.70
Contraction of the local division of the loc	- 68	L2-L4	1.735	4.46	7.15
		L3-L4	1.688	4.06	6.76
LUNAR <sup>®</sup> IMAGE NOT FOR DIAGM	J5 I5				
F1 - Verify Values	F4 - 1	Change Headin	nds	ti - Selec	t
F2 - Auto Analysis					
		Compare Scans			ous

### What's wrong with this scan?

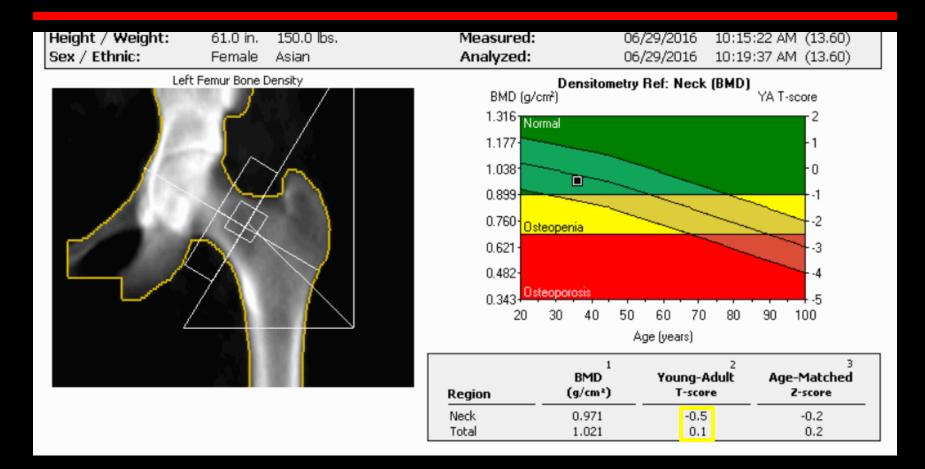
			SCAN DATE:	11/06/1997
L1		DEXA Ca BMD	Results libration	Z
	Region L1 L2 L3	g/cm <sup>2</sup> 0.898 0.939 1.246	-1.94 -2.18	
L3 L4	L3 L4 L1-L2 L1-L3	1.114	-0.72 -1.90	0.15
	L1-L4 L2-L3 L2-L4 L3-L4	1.091 1.132 1.127 1.195	-0.57 -0.61	0.30
LUNAR <sup>®</sup> IMAGE NOT FOR DIAGNOSIS	L3-L4	1.155	-0.04	0.03
F2 - Auto Analysis F5 - S	Change Hear Select Cali Compare Sca		11 - Sele Esc - Next Home - Prev	

# ISCD Spine Region of Interest (ROI)

- Use PA L1-L4 for spine BMD measurement
- Use all evaluable vertebrae and only exclude vertebrae that are affected by local structural change or artifact. Use three vertebrae if four cannot be used and two if three cannot be used
- BMD based diagnostic classification should not be made using a single vertebra.
- If only one evaluable vertebra remains after excluding other vertebrae, diagnosis should be based on a different valid skeletal site (Hip and or Forearm)
- Anatomically abnormal vertebrae may be excluded from analysis if:
- There is more than a 1.0 T-score difference between the vertebra in question and adjacent vertebrae
- When vertebrae are excluded, the BMD of the remaining vertebrae is used to derive the T-score
- The lateral spine should not be used for diagnosis, but may have a role in monitoring

- Patient should be straight on table.
- Pack patient with rice bags.
- Shaft of femur should be straight.
- Rotate leg inward, this will hide the lesser trochanter.

## **Normal Hip**



Use the Neck unless T-score femur total is lower than femur neck, then use total.

# Normal Hip

Height / Weight: Sex / Ethnic:	61.0 in. Female	150.0 lbs Asian				isured: lyzed:	06/29/2016 06/29/2016	10:15:22 AM (13.60) 10:19:37 AM (13.60)	
ANCILLARY RES	NCILLARY RESULTS [Left Femur]								
Region	1 BMD (g/cm²)	Youn (%)	g-Adult T-score	Age-1 (%)	Matched Z-score	3 BMC (9)	Area (cm²)		
Neck	0.971	94	-0.5	97	-0.2	4.27	4.40		
Upper Neck	0.811	99	-0.1	99	-0.1	1.75	2.15		
Lower Neck	1.125	-	-	-	-	2.52	2.24		
Wards	0.793	87	-0.9	89	-0.8	1.70	2.14		
Troch	0.798	94	-0.5	95	-0.4	9.69	12.15		
Shaft	1.256	-	-	-	-	15.65	12.46		
Total	1.021	101	0.1	102	0.2	29.61	29.00		

### Template "DEXA"

#### TECHNIQUE:

[Moores: General Electric Lunar Prodigy Advance.] [Lewis: General Electric Lunar Prodigy.]

#### COMPARISON:

LEFT FEMUR ([Neck][Total]): The bone mineral density is [] gm/cm sq. Percentage of young normal mean is []%. T-score is []. Percentage age-matched mean is []%. Z-score is [].

#### Repeat contralateral side

#### []

#### IMPRESSION:

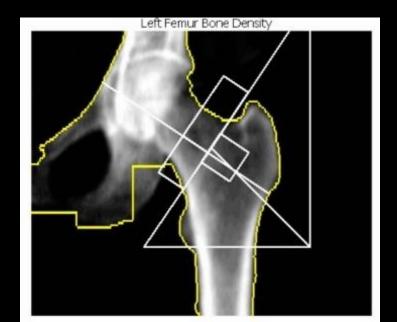
According to the World Health Organization and National Osteoporosis Foundation the classification is, [insert lowest of T-score equivalent <u>wordage</u>; Osteoporosis, Low bone mass, Normal]

Please contact Dr. Tudor Hughes with any question regarding this study at pager: 0408

#### CONCURRENT SUPERVISION:

I have reviewed the images and agree with the Fellow's interpretation.

- The Wards area is roughly half the neck area
- Trochanteric area 8-14cm<sup>2</sup> in women, 10-16cm<sup>2</sup> in men
- Check left and right and state side being used in report.



- The Wards area is roughly half the neck area
- Trochanteric area 8-14cm<sup>2</sup> in women, 10-16cm<sup>2</sup> in men
- Check left and right and state side being used in report.

### ANCILLARY RESULTS [Left Femur]

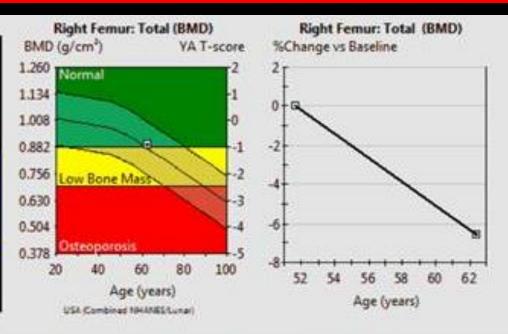
	BMD <sup>1</sup>	Your	2 ig-Adult	Age-l	3 Matched	BMC	Area
egion	(g/cm²)	(%)	T-Score	(%)	Z-Score	(g)	(cm²)
Neck	0.756	73	-2.0	90	-0.6	3.96	5.24
Upper Neck	0.539	66	-2.4	81	-1.1	1.39	2.58
Lower Neck	0.966	-	-		-	2.57	2.66
Wards	0.625	69	-2.2	94	-0.3	1.90	3.05
Troch	0.657	77	-1.7	90	-0.6	6.65	10.12
Shaft	0.993	-	-	-	-	14.75	14.86
Total	0.839	83	-1.3	98	-0.1	25.37	30.22

Right Femur Bone Density

HAL chart results unavailable

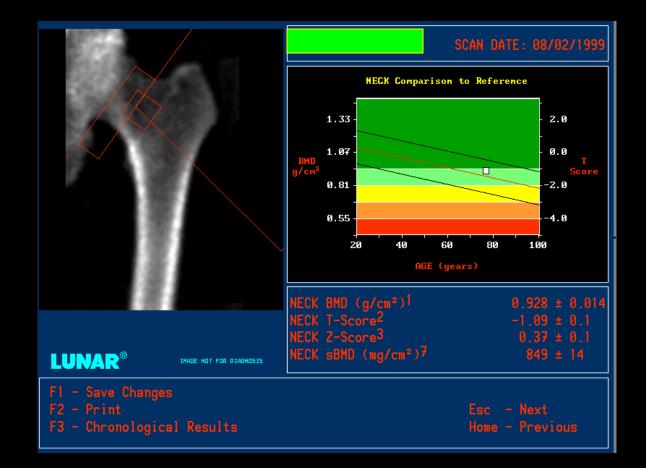
Mart + Millionel

Right=101.3 mm Mean=N/A mm



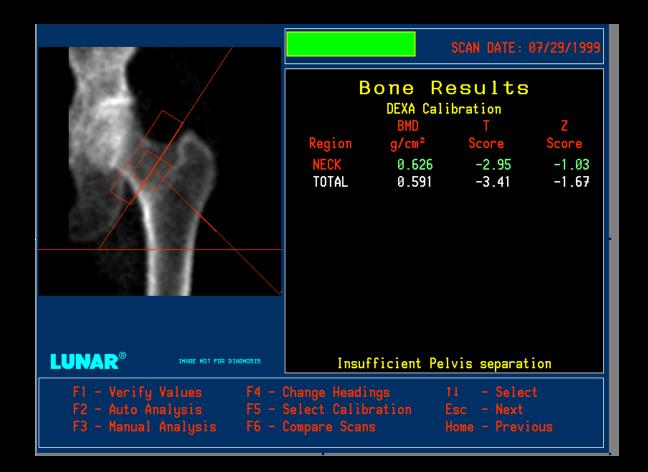
	Densitometr	y: USA (Combi	ned NHANES/Lunar)	
	BMD	YA	AM	
Region	(g/cm <sup>2</sup> )	T-score	Z-score	
Neck Right	1.043	0.0	1.4	
Total Right	0.893	-0.9	0.1	

Densitometry Trend: Total Right				
Measured Date	Age (years)	BMD (g/cm <sup>2</sup> )	Change vs Previous (%)	Change vs Baseline (%)
07/02/2018	62.4	0.893	-6.6 *	-6.6*
09/07/2007	51.6	0.956		baseline



		SCAN DATE: 04/26/1999
	NECK 0.699	
	Insufficient tis	ssue below Neck
F2 - Auto Analysis F5 - S	Change Headings Select Calibration I Compare Scans I	

			SCAN DATE:	12/13/1999
	E	Bone Re DEXA Cali		
	D	BMD	T	Z
	Region		Score	
	NECK Total		-7.96 -0.16	
	Insu	fficient Pel	vis senarat	ion
LUNAR <sup>®</sup> IMAGE NOT FOR DIAGNOSIS		fficient tis		
F1 - Verify Values F4 - 0 F2 - Auto Analysis F5 - 5				et
F3 - Manual Analysis F6 - (			lome - Previ	ious



### ISCD Hip ROI

- Use femoral neck, or total proximal femur whichever is lowest.
- BMD may be measured at either / both hip(s)
- There are insufficient data to determine whether mean T-scores for bilateral hip BMD can be used for diagnosis
- The mean hip BMD can be used for monitoring, with total hip being preferred

# Indications for Forearm DEXA 33%

 Hip and/or spine cannot be measured or interpreted

• In Hyperparathyroidism

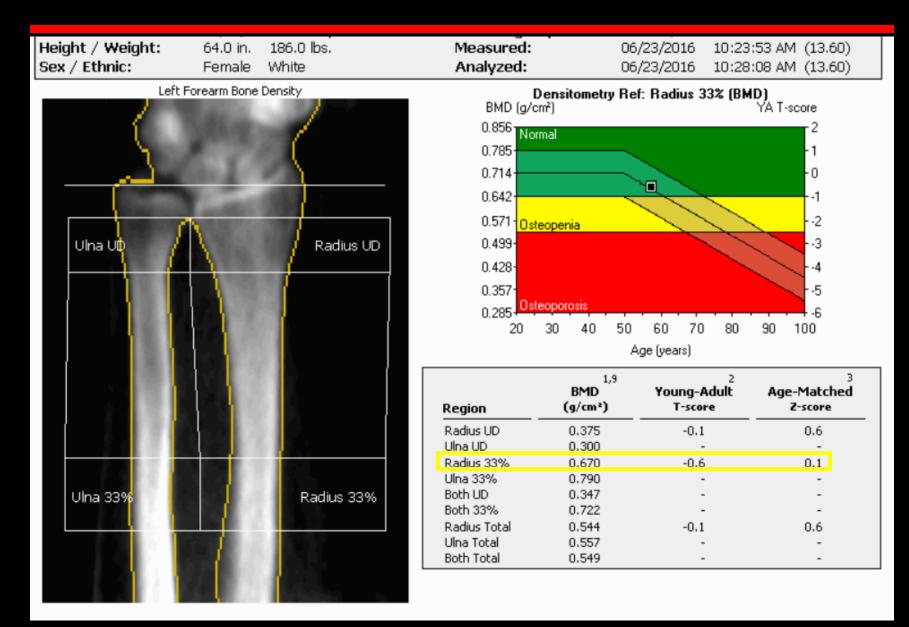
• Very obese patients (over the weight limit for DEXA table).

## ISCD Forearm ROI

 Use 33% radius (sometimes called one-third radius) of the non-dominant forearm for diagnosis. Other forearm ROI are not recommended

AVAILABLE TEMPLATES
1. SYSTEM DEFAULT
PERSONAL
2. BLANK
3. DEXA
4. DEXA FU
5. DEXA LESS THAN 50
6. DEXA LESS THAN 50 FU
7. DEXA PEDS
8. DEXA PEDS FU
9. DEXA RADIUS 33
10. DEXA RADIUS 33 FU

#### Normal Radius 33%



#### Normal Radius 33% Ancillary Results

	leight / Weight: ex / Ethnic:		86.0 lbs /hite	, 3.	Measured: Analyzed:		06/23/2016 06/23/2016	10:23:53 AM (13.60) 10:28:08 AM (13.60)	
A	NCILLARY RES	ULTS [Le	ft Fo	rearm	]				
Re	gion	1,9 BMD (g/cm²)	Youn (%)	g-Adult T-score	Age-N (%)	<sup>3</sup> Matched Z-score	8MC <sup>9</sup> (g)	Area (cm²)	
	Radius UD	0.375	99	-0.1	107	0.6	1.38	3.69	
	Ulna UD	0.300	-	-	-	-	0.65	2.18	
	Radius 33%	0.670	94	-0.6	101	0.1	1.87	2.79	
	Ulna 33%	0.790	-	-	-	-	1.69	2.14	
	Both UD	0.347	-	-	-	-	2.04	5.87	
	Both 33%	0.722	-	-	-	-	3.56	4.93	
	Radius Total	0.544	99	-0.1	106	0.6	7.70	14.16	
	Ulna Total	0.557	-	-	-	-	5.52	9.91	
	Both Total	0.549	-	-	-	-	13.22	24.07	

#### Template DEXA Radius 33%

#### EXAM DESCRIPTION:

[<Procedure Description>]

#### CLINICAL HISTORY:

[Osteonorosis screening]

RIGHT RADIUS (33%): The bone mineral density is [] gm/cm sq. Percentage of young normal mean is []%. T-score is []. Percentage age-matched mean is []%. Z-score is [].

World Health Organization and National Osteoporosis Foundation Classification is [].

# K-SCOTE IS LJ World Health Organization and National Osteoporosis Foundation Classification is []. IMPRESSION: According to the World Health Organization and National Osteoporosis Foundation of

According to the World Health Organization and National Osteoporosis Foundation classification, this patient's right radius 33% is [].

#### CONCURRENT SUPERVISION:

 $[I \mbox{ have reviewed the images and agree with the fellow's interpretation.]}$ 

#### **Bone Densitometry**

 Spine T score is compared to reference population, 20-29 years, female, white.

- Hip uses NHANES III
- Spine manufacturer specific

 Z score is matched for age, sex, weight and ethnicity.

### **Bone Densitometry** WHO uses T scores

- Steer nen over 50 only steer nen over 50 only Estat. enopausal women and men over 50 only Estat. enopausal women and men over 50 only stand perim, usually spine, his

Premenopausal Women and Men < 50

Use Z scores

- Z =< -2.0
  - "below the expected range for age"
- Z > -2.0
  - "within the expected range for age"

#### **Bone Densitometry**

- Never round up figures
  - -0.99 is "normal"
  - -1 is "low bone mass"
  - -2.49 is "low bone mass"
  - -2.5 is "osteoporosis",

#### **Template "DEXA"**

		TECHNIQUE:	
_		[Moores: General Electric Lunar Prodigy Advance.]	
	RIGHT FEMUR ([Neck	][Total]):	
	The bone mineral dens	sity is [] gm/cm sq.	
	Percentage of young n	ormal mean is []%.	
	T-score is [].		
	Percentage age-match	ed mean is []%.	
	Z-score is [].		
PRESSION:			

#### According to the World Health Organization and National Osteoporosis Foundation the classification is, [insert lowest of T-score equivalent wordage; Osteoporosis, Low bone mass, Normal]

Please contact Dr. Tudor Hughes with any question regarding this study at pager: 0408

#### Choose the lowest T score

LUMBAR SPINE([Insert appropriate levels]): The bone mineral density is [] gm/cm sq. Percentage of young normal mean is []%. T-score is []. Percentage age-matched mean is []%. Z-score is [].

nal Osteoporosis Foundation the classification is, [insert lowest of T-score lormal]

egarding this study at pager: 0408

's interpretation.

## ISCD Follow Up

- Intervals between BMD testing should be determined according to each patient's clinical status: typically one year after initiation or change of therapy is appropriate, with longer intervals once therapeutic effect is established.
- In conditions associated with rapid bone loss, such as glucocorticoid therapy, testing more frequently is appropriate.

- Are the studies comparable
- Always compare like with like
  - KOP L1-4
  - 4th and Lewis
- Any intervening events
- Cannot compare Hologic and Lunar
- Cannot compare KOP and Hillcrest
- We try to have follow up scans at same location as prior

 If over a period of time there is an increase in BMD in the lower lumbar spine and decrease in the upper lumbar spine, it is likely there is OA of the lower facet joints, and the upper lumbar spine is a truer reflection of useful BMD.

 Increase in BMD of the femoral neck can be due to calcar buttressing with OA of the hip.

• If you want to eyeball the % for a comparison, use the young adult % since the reference range will not change with age.

Height / Weight: Sex / Ethnic:	Female V	140. Whit	Measu	ıred	A		end: L2-L4 BMD	Chan Previous	ige vs Baseline
ANCILLARY RE	SULTS [A	P {	Date		(ye		(g/cm²)	(%)	(%)
	BMD	1	06/24/:	2016		47.5	1.529	4.2 *	7.8*
Region	(g/cm²)	(	07/30/:	2015		46.6	1.467	-0.3	3.4 *
L1	1.230	1	08/14/2	2014		45.6	1.472	3.7 *	3.7 *
L2	1.464	1	06/26/	2013		44.5	1.419	-	baseline
L3	1.555	1	_						
L4	1.556	130	3.0	133	3.2	24.56	15.79	4.1	3.83
L1-L2	1.342	115	1.5	118	1.7	33.17	24.71	3.7	6.61
L1-L3	1.415	121	2.0	124	2.3	53.25	37.63	3.7	10.07
L1-L4	1.457	123	2.3	127	2.6	77.81	53.41	3.8	13.90
L2-L3	1.511	126	2.6	129	2.8	37.41	24.75	3.7	6.76
L2-L4	1.529	127	2.7	131	3.0	61.97	40.54	3.8	10.59
L3-L4	1.555	130	3.0	133	3.2	44.64	28.71	3.9	7.29

 If you would have expected the bone density to have fallen 4% in 2 years, and it is static, then this is a positive response to RX

Generally Rx affects all levels equally.

• OA does not.



• Total hip is preferred for monitoring, no matter if total is denser than neck.

 So report lower of "total" or "neck" in measurements and "total" in comparison.

## Femur Selecting area to measure

- Always explain any variation in reading technique from the previous study.
- Watch out for the \* that denotes a significant change from prior.

Measured Date	Age (years)	Trend: L2-L4 BMD (g/cm²)	Char Previous (%)	ige vs Baseline (%)
06/24/2016	47.5	1.529	4.2 *	7.8*
07/30/2015	46.6	1.467	-0.3	3.4 *
08/14/2014	45.6	1.472	3.7 *	3.7 *
06/26/2013	44.5	1.419	-	baseline

Height / Weight:	67.0 in.	140.0 lbs.	Measured	: 06/2	24/2016 3:15	5:38 PM (13.60	D)
Sex / Ethnic:	Female	White	Analyzed:	06/2	24/2016 3:23	3:01 PM (13.60	D)
AP Sp	ine Bone Dens	ity Trend	BMD (g/cm²)	tef: L2-L4 (BMD) YA T-score	<b>Trenc</b> %Change vs B	<b>i: L2-L4 (BMD)</b> aseline	
	<u>}</u>	<u>{</u>	1.68 Normal 1.56 🛛 🗖	4	8		
L1			1.44 1.32 1.20	·2 ·1	4		
L2			1.08 0.961 <mark>0steopenia</mark>	-1	2	_ U	_
	-h			4 4 60 70 80 90 100	0 -2 45.0	46.0 47.1	0
	5		Age	e (years)		Age (years)	
L4	-		Region	BMD (g/cm²)	2 Young-Adult T-score	Age-Matche Z-score	3 ed
	1 C		L1	1.230	0.8	1.1	
	Caller	LAL DO	L2 L3	1.464	2.2	2.5	
	C 10		L3 L4	1.555 1.556	3.0 3.0	3.2 3.2	
Contraction of the	J. Strange		L1-L4	1.457	2.3	2.6	
100 C	$\langle \cdot \cdot \rangle$		L2-L4	1.529	2.7	3.0	

	T	rend: L2-L4	Char	ige vs
Measured Date	Age (years)	BMD (g/cm²)	Previous (%)	Baseline (%)
06/24/2016	47.5	1.529	4.2 *	7.8*
07/30/2015	46.6	1.467	-0.3	3.4 *
08/14/2014	45.6	1.472	3.7 *	3.7 *
06/26/2013	44.5	1.419	-	baseline

COMMENTS: F/U 2015 POST LUNG TRANSPLANT ON PREDNISONE

NANCY

Image not for diagnosis

Printed: 06/24/2016 3:23:47 PM (13.60)76:3.00:50.03:12.0 0.00:8.58 0.60x1.05 20.7:96Fat=37.1% 0.00:0.00 0.00:0.00 Filename: 14ra902sqt.dfx Scan Mode: Standard 37.0 μGy

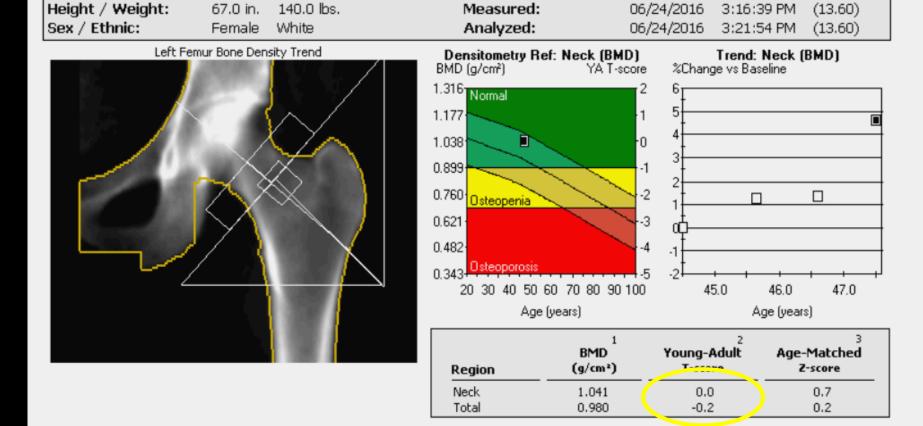
\* - Indicates significant change based on 95% confidence interval.

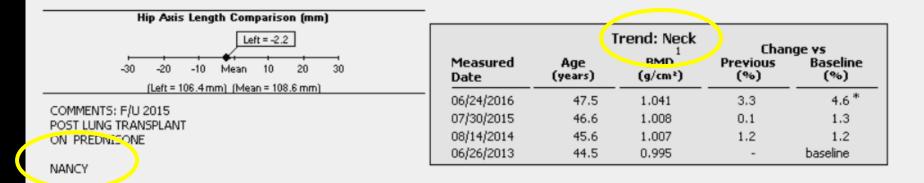
1 - Statistically 68% of repeat scans fall within 1SD (± 0.010 g/cm<sup>2</sup> for AP Spine L2-L4)

2 -USA (Combined NHANES (ages 20-30) / Lunar (ages 20-40)) AP Spine Reference Population (v112)

3 - Matched for Age, Weight (females 25-100 kg), Ethnic

11 - World Health Organization - Definition of Osteoporosis and Osteoporia for Caucasian Women: Normal = T-score at or above -1.0 SD; Osteoporosis = T-score between -1.0 and -2.5 SD; Osteoporosis = T-score at or below -2.5 SD; (WHO definitions only apply when a young healthy Caucasian Women reference database is used to determine T-scores.)





#### **DEXA FU**

Height / Weight: 60.5 in. 97.0 lbs. Measured: 06/28/2016 2:04:12 PM (13.60)Sex / Ethnic: Female White Analyzed: 06/28/2016 2:06:08 PM (13.60)Trend: DualFemur Neck Mean Trend: Neck Mean (BMD) Change vs %Change vs Baseline BMD Measured Previous Baseline Age (g/cm²) 5 (years) (%) (%) Date 06/28/2016 66.6 0.743 -0.7 1.2 0 14.5\* 08/19/2010 60.8 0.748 1.9 -11.0 \* -5 -11.0\* 02/13/2008 58.2 0.653 01/31/2007 baseline 57.2 0.734 --10

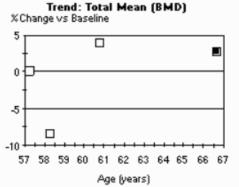
1 - Statistically 68% of repeat scans fall within 1SD (± 0.012 g/cm<sup>2</sup> for DualFernur Neck)

7 -DualFemur Total T-score difference is 0.0. Asymmetry is None.

	Trend: Du	alFemur Tota		ige vs
Measured Date	Age (years)	BMD Î (g/cm²)	Previous (%)	Baseline
06/28/2016	66.6	0.851	-1.2	2.7
08/19/2010	60.8	0.861	13.6 *	3.9 *
2/13/2008	58.2	0.758	-8.6 *	-8.6 *
01/31/2007	57.2	0.829	-	baseline

1 - Statistically 68% of repeat scans fall within 1SD (± 0.010 g/cm<sup>2</sup> for DualFernur Total) 7 -DualFemur Total T-score difference is 0.0. Asymmetry is None.

This new page in PACS helps separate "Neck" and "Total"



57 58 59 60 61 62 63 64 65 66 67

Age (years)

-15



RIGHT FEMUR ([Neck][Total]): The bone mineral density is [] gm/cm sq. Percentage of young normal mean is []%. T-score is []. Percentage age-matched mean is []%. Z-score is [].

COMMENT:

The right femur total demonstrates an interval change of []% from the most recent previous study of [], which is [not] a statistically significant change and an interval change of []% from the baseline study of [], which is [not] a statistically significant change.

LEFT FEMUR ([Neck][Total]): The bone mineral density is [] gm/cm sq. Percentage of young normal mean is []%. T-score is []. Percentage age-matched mean is []%. Z-score is [].

#### COMMENT:

The left femur total demonstrates an interval change of []% from the most recent previous study of [], which is [not] a statistically significant change and an interval change of []% from the baseline study of [], which is [not] a statistically significant change.

LUMBAR SPINE([Insert appropriate levels]): The bone mineral density is [] gm/cm sq. Percentage of young normal mean is []%. T-score is []. Percentage age-matched mean is []%. Z-score is [].

#### COMMENT:

The lumbar spine [Insert appropriate levels] demonstrates an interval change of []% from the most recent previous study of [], which is [not] a statistically significant change and an interval change of []% from the baseline study of [], which is [not] a statistically significant change.



#### **IMPRESSION:**

According to the World Health Organization and National Osteoporosis Foundation the classification is [insert lowest of T-score equivalent wordage; Osteoporosis, Low bone mass, Normal]

In comparison with the most recent previous study of [] there has been a percentage [increase/decrease] that is greatest at the [X] of []%, which is [not] a statistically significant change and from the baseline study of [], that is greatest at the [X] of []%, which is [not] a statistically significant change.

#### []

Please contact Dr. Tudor Hughes with any question regarding this study at pager: 0408

Select worse case scenario for current and comparison

If there is no \* next to the % change, please just use the wordage "No significant change".

## ISCD Serial BMD Measurements

- Serial BMD testing can be used to determine whether treatment should be started on untreated patients, because significant loss may be an indication for treatment.
- Serial BMD testing can monitor response to therapy by finding an increase or stability of bone density.
- Serial BMD testing can evaluate individuals for non-response by finding loss of bone density, suggesting the need for reevaluation of treatment and evaluation for secondary causes of osteoporosis.
- Follow-up BMD testing should be done when the expected change in BMD equals or exceeds the least significant change (LSC).

#### Bone mass in healthy children

1	AVAILABLE TEMPLATES
	1. SYSTEM DEFAULT
I	PERSONAL
I	2. BLANK
I	3. DEXA
I	4. DEXA FU
	5. DEXA LESS THAN 50
	6. DEXA LESS THAN 50 FU
I	7. DEXA PEDS
I	8. DEXA PEDS FU
1	9. DEXA RADIUS 33
I	10. DEXA RADIUS 33 FU

Radiology 1991;179:735-738

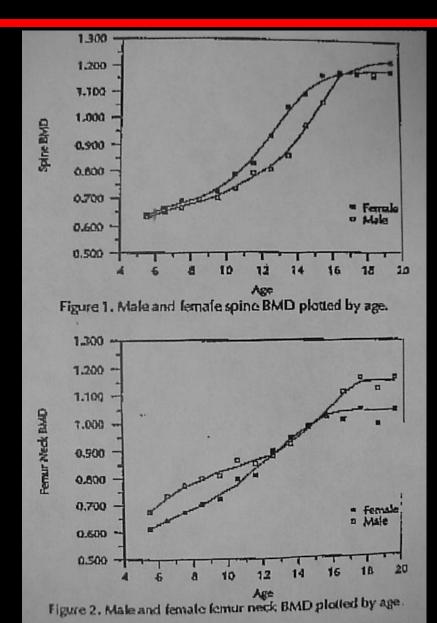
#### Bone mass in healthy children

- Increases with age, weight and pubertal Tanner stage.
- Tanner stage and weight are best predictors of bone mass.
- Age, sex, race, activity and diet are not good predictors, when weight and Tanner stage are controlled.

#### Bone mass in healthy children

 Make sure we have at least the age and weight of the child, if not the Tanner stage.

#### **BMD** in children and adolescents



#### ISCD

BMD Reporting in Females Prior to Menopause and in Males Younger Than Age 50

- Z-scores, not T-scores, are preferred. This is particularly important in children.
- A Z-score of -2.0 or lower is defined as "below the expected range for age"
- A Z-score above -2.0 is "within the expected range for age."
- Osteoporosis cannot be diagnosed in men under age 50 on the basis of BMD alone.
- The WHO diagnostic criteria may be applied to women in the menopausal transition.



EXAM DESCRIPTION:
[ <procedure description="">]</procedure>
CLINICAL HISTORY:
[Osteoporosis screening]
TECHNIQUE:
[ <u>Moores</u> : General Electric Lunar Prodigy Advance.] [Lewis: General Electric Lunar Prodigy.]
COMPARISON:
0
FINDINGS:
LUMBAR SPINE (L1-4): The bone mineral density is [] gm/cm sq. Percentage age-matched mean is []%. Z-score is []. Due to patient age, T- score could not be calculated.
IMPRESSION:
In comparison with age, weight, sex, and ethnicity matched children, this patient has [] standard deviations [less] bone density.

CONCURRENT SUPERVISION:

[I have reviewed the images and agree with the fellow's interpretation.]

# ISCD Fracture Risk Assessment

 A distinction is made between diagnostic classification and the use of BMD for fracture risk assessment.

For fracture risk assessment, any wellvalidated technique can be used, including measurements of more than one site where this has been shown to improve the assessment of risk.

## WHO Fracture Risk Algorithm (FRAX®)

- FRAX was developed to calculate the 10-year probability of a hip fracture and the 10-year probability of a major osteoporotic fracture (defined as clinical vertebral, hip, forearm or proximal humerus fracture)
- This takes into account femoral neck BMD and the clinical risk factors
- The FRAX® algorithm is available at <u>www.nof.org</u>

## FRAX

 FRAX is intended for postmenopausal women and men age 50 and older.

 The FRAX tool has not been validated in patients currently or previously treated with pharmacotherapy for osteoporosis

## FRAX

 FRAX can be calculated with either femoral neck BMD or total hip BMD but when available, femoral neck BMD is preferred.

## FRAX

 Please remember that FRAX is only of use in patients who are of "low bone mass" and not on treatment for osteoporosis.

# FRAX print out 4<sup>th</sup> + Lewis

iex / Ethnic:       Female       White       Analyzed:       06/28/2016       2:06:0         DualFemur FRAX*         Risk Factors: <ul> <li>None</li> <li>Alcohol (3 or more units per day)</li> <li>Family Hist. (Parent hip fracture)</li> <li>Glucocorticoids (Chronic)</li> <li>History of Fracture (Adult)</li> <li>Secondary Osteoporosis</li> <li>Rheumatoid Arthritis</li> <li>Tobacco User (Current Smoker)</li> </ul> <li>10-year Probability of Fracture<sup>17</sup>:         <ul> <li>Major Osteoporotic</li> <li>11.2%</li> </ul> </li>		(13.60)
Risk Factors:         None         Alcohol (3 or more units per day)         Family Hist. (Parent hip fracture)         Glucocorticoids (Chronic)         History of Fracture (Adult)         Secondary Osteoporosis         Rheumatoid Arthritis         Tobacco User (Current Smoker)	И ()	(13.60)
<ul> <li>None         <ul> <li>Alcohol (3 or more units per day)</li> <li>Family Hist. (Parent hip fracture)</li> <li>Glucocorticoids (Chronic)</li> <li>History of Fracture (Adult)</li> <li>Secondary Osteoporosis</li> <li>Rheumatoid Arthritis</li> <li>Tobacco User (Current Smoker)</li> </ul> </li> <li>10-year Probability of Fractur<sup>17</sup>:         <ul> <li>18</li> </ul> </li> </ul>		
<ul> <li>History of Fracture (Adult)</li> <li>Secondary Osteoporosis</li> <li>Rheumatoid Arthritis</li> <li>Tobacco User (Current Smoker)</li> </ul> <b>10-year Probability of Fracture:</b>		
<ul> <li>Rheumatoid Arthritis</li> <li>Tobacco User (Current Smoker)</li> </ul> <b>10-year Probability of Fractu<sup>17</sup></b> :		
10-year Probability of Fracture:		
18		
18		
18		
18		
18		
Major Osteoporotic 11.2%		
Hip 2.6%		
Population USA (Caucasian)		
Based on DualFemur (Left) Neck BMD		

## FRAX print out KOP

Birth Date:	08/07/1943	Age:	74.9 years	Patient ID:	30622866
Height:	66.0 in.	Weight:	212.0 lbs.	Measured:	07/03/2018 7:46:27 AM (17 [SP 1])
Sex	Female	Ethnicity:	White	Analyzed:	07/03/2018 7:56:56 AM (17 [SP1])

FRAX\* 10-year Probability of Fracture

Based on femoral neck BMD: DualFemur (Left)



Major Osteoporotic Fracture:	9,1%	
Hip Fracture:	1.3%	
Population	USA (Caucasian)	
Risk Factors:	Secondary Osteoporosis	

1

## FRAX macro

- 10 year probability of fracture:
- Major osteoporotic: []%
- Hip: []%

- Population: USA (Caucasian)
- Based on DualFemur (left) neck BMD

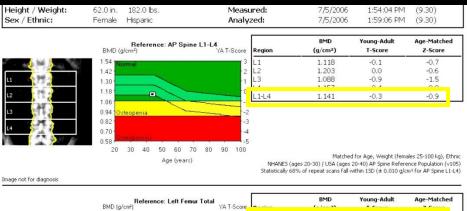
## Vertebral Fracture Assessment

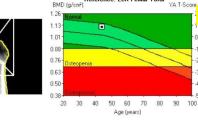
Nomenclature

 Vertebral Fracture Assessment (VFA) is the correct term to denote densitometric spine imaging performed for the purpose of detecting vertebral fractures.



Current Medical Problems: Articles, Hemoroids
Reason for Bone Density Assessment? Current Medications: 049, 0 - 500 2/ay, Methotreyote 2.5 mg 2 tobets normal a Subtraction of barrier west read is some Ping Yer day, Ditropon XL (\$ 19.7 / 10. 2017)
Gurrent Medications: US 10 100 1200 1200 100 100 100 100 100 10
*Do you smoke? Y. K. For how long? How many per day?
* Do you drink alcohol regularly? Y N If yes, drinks per day?
* Dietary Calcium? High Low Two - day * Supplemental Calcium? (Y) N <u>(YSCD-500</u> mg/day
* Supplemental Calcium? Y N <u>(YSCD-200</u> mg/day
FOR WOMEN ONLY: Premenopausal Perimenopausal Postmenopausal
* Irregular periods? Y (N)
* Overies removed?
* Are you taking: Birth control pills? Y N Hormone replacement? Y N
FOR ALL HAVE YOU HAD:
Any non-trauma related fractures? Hip Spine Wrist/Forearm Humerus
Abnormal Blood calcium levels? Y N? When?
History of blood clots? Y N When?
Diabetes? N When?
Kidney stones? Y When?
Known Bowel disease? Y (N) When?
Other major diseases? stroke Y N When?
Do you have any of the following?
Heart disease? Y N
Hypertension? Y N , UCAN
Hyperthyroidism? Y N
Do vou have any of the following? Heart disease? Hypertension? Hyperthyroidism? Hypothy
Have you taken? Thyroid hormones? Y N How long?
invide normones:
Cortisone or prednisone? (Y N How long?
Any seizure medications? Y (N) how long?
Aureucs ?
Macalcin Calcimar Fosamax Raloarene(Evista) Other
A Vent's
NA Y
AVE OTHERS IN YOUR FAMILY HAD:

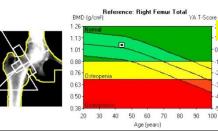




Pastas	BMD	Young-Adult	Age-Matched		
Neck	1.045	0.1	0.2		
Troch	0.882	0.3	0.1		
Total	1.113	0.8	0.7		

Matched for Age, Weight (females 25-100 kg), Ethnic NHANES (ages 20-30) / USA (ages 20-40) Femur Reference Population (v105) Statistically 68% of repeat scans fall within 1SD ( $\pm$  0.012 g/cm<sup>2</sup> for Left Femur Total Mean)

Image not for diagnosis



e	Region	BMD (a/cm²)	Young-Adult T-Score	Age-Matched Z-Score
2	Neck	0.973	-0.5	-0.3
1	Total	1.055	0.4	0.2

Matched for Age, Weight (females 25-100 kg), Ethnic

	leight / Weight: Sex / Ethnic:	62.0 in. 182.0 lbs. Female Hispanic				Meas Analy	ured: /zed:	7/5/2006 7/5/2006	1:54:04 PM 1:59:06 PM	(9.30) (9.30)
A	NCILLARY RES	ULTS [AI	P Spin	e]						
Re	egion	1 BMD (g/cm²)	Youn (%)	2 g-Adult T-Score	Age-N (%)	3 Matched Z-Score	BMC (g)	Area (cm²)	Width (cm)	Height (cm)
	L1	1.118	99	-0.1	93	-0.7	12.24	10.94	3.7	2.97
	L2	1.203	100	0.0	95	-0.6	14.42	11.99	3.7	3.26 <mark>-</mark>
	L3	1.088	91	-0.9	86	-1.5	14.02	12.88	3.7	3.44
	L4	1.157	96	-0.4	91	-0.9	14.55	12.57	4.1	3.05
	L1-L2	1.162	100	0.0	94	-0.6	26.66	22.93	3.7	6.22
	L1-L3	1.136	97	-0.3	92	-0,9	40.68	35.82	3.7	9.66
	L1-L4	1.141	97	-0.3	91	-0.9	55.23	48.39	3.8	12.71
	L2-L3	1.144	95	-0.5	90	-1.1	28.44	24.87	3.7	6.69
	L2-L4	1.148	96	-0.4	90	-1.0	42.99	37.45	3.9	9.74
	L3-L4	1.122	94	-0.6	88	-1.2	28.57	25.46	3.9	6.48

#### Check T scores for more than a 1.0 level to level difference

	eight / Weight: ex / Ethnic:		182.0 lbs Hispanic			Meası Analy		7/5/2006 7/5/2006	1:58:07 PM 1:58:48 PM	(9.30) (9.30)	
AN		SULTS [Ri	ight F	emur]							
Reç	gion	1 BMD (g/cm²)	Youn (%)	2 g-Adult T-Score	Age-N (%)	3 Matched <b>Z-Score</b>	BMC (g)	Area (cm²)			
	Neck	0.973	94	-0.5	96	-0.3	5.20	5.34			
	Upper Neck	0.882	107	0.5	104	0.3	2.31	2,62			
	Wards	0.990	109	0.6	109	0.6	3.14	3.17			
	Troch	0.801	94	-0.4	92	-0.6	8.35	10.43			
	Shaft	1.284	-		8	-	17.35	13.51			
	Total	1.055	105	0.4	103	0.2	30.90	29.28			

Neck or total, which is lowest?

Height / Weight: Sex / Ethnic:	62.0 in. Female	182.0 lbs Hispanic			Meası Analy		7/5/2006 7/5/2006	1:57:23 PM 1:58:45 PM	(9.30) (9.30)
ANCILLARY RES	SULTS [L	eft Fe	mur]						
Region	1 BMD (g/cm²)	Youn (%)	2 ig-Adult T-Score	Age-N (%)	3 Matched <b>Z-Score</b>	BMC (g)	Area (cm²)		
Neck	1.045	101	0.1	103	0.2	3.96	3.79		
Upper Neck	0.889	108	0.6	105	0.4	1.65	1.86		
Wards	0.890	98	-0.2	98	-0.1	1.42	1.60		
Troch	0.882	104	0.3	102	0.1	9.66	10.95		
Shaft	1.321	-	14		-	17.67	13.37		
Total	1.113	110	0.8	108	0.7	31.30	28.12		

Neck or total, which is lowest?

## Z and T

## Z score is matched for age, sex, weight and ethnicity.

PEGTON	BMD <sup>1</sup>		ing Adult <sup>2</sup>	Age	Matched <sup>3</sup>
REGION	g/cm <sup>2</sup>	%	T 	%	Z
L1	0.954	84	-1.47	79	-2.08
L2	0.997	83	-1.69	78	-2.35
L3	1.166	97	-0.28	91	-0.93
L4	1.112	93	-0.73	87	-1.38
L1-L2	0.977	85	-1.44	80	-2.07
L1-L3	1.045	89	-1.04	84	-1.68
L1-L4	1.064	90	-0.96	85	-1.60
L2-L3	1.084	90	-0.97	85	-1.62
L2-L4	1.094	91	-0.88	86	-1.54
L3-L4	1.137	95	-0.52	89	-1.17

Two possible reasons for this lady's Z score being

worse than the T score?

## Z and T

	BMD1	You	ing Adult <sup>2</sup>	Age	Matched <sup>3</sup>
REGION	g/cm <sup>2</sup>	0/0	Т	0/0	Z
L1	0.954	84	-1.47	79	-2.08
L2	0.997	83	-1.69	78	-2.35
L3	1.166	97	-0.28	91	-0.93
L4	1.112	93	-0.73	87	-1.38
L1-L2	0.977	85	-1.44	80	-2.07
L1-L3	1.045	89	-1.04	84	-1.68
L1-L4	1.064	90	-0.96	85	-1.60
L2-L3	1.084	90	-0.97	85	-1.62
L2-L4	1.094	91	-0.88	86	-1.54
L3-L4	1.137	95	-0.52	89	-1.17

Two possible reasons for this lady's Z score being

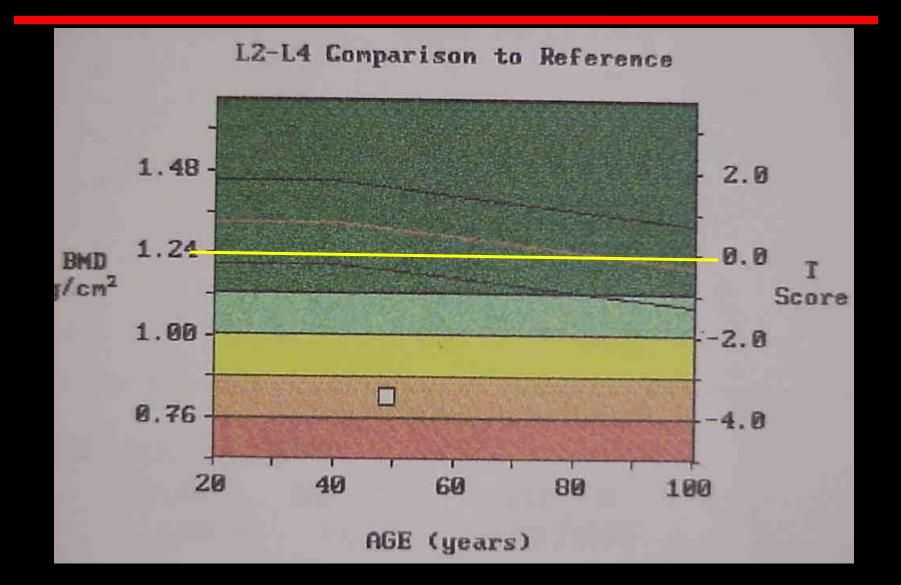
worse than the T score?

Obesity and race

The T score is based on a white, same sex, age 20-29 population. The patient's BMD is compared to this population's BMD. A lower T score means that the patient BMD is low compared to this young, healthy normal weight population.

The Z score compares the patient to an adjusted population, it adjusts for sex, age, weight, and ethnic background. The Z score can be lower than the T score for the patient, if the average patient in this population has a higher BMD than the average in the T score population. This can be seen in patients with higher weights, (which increases bone density), and in African American groups, (which show increased bone density).

If the patients comparison group has a generally higher bone density, then it is possible to have a poorer comparison to others of same age, than to younger comparisons in generally lower density group.



### 260 lb man, young Z above young T

L1 L2 L3 L4			1 BMD (g∕cm²) 0	.14 .20 .96 .72 .72 .28 4	ison to Ref			
LUNAR®	RHAREE HET	TOK MACHOLIS	L2-L4 BMD L2-L4 × Yo L2-L4 × A L2-L4 × BM	oung Adul ge Matche	43	1.374 ± 115 ± 189 ± 1389 ±	3	
Age (years) Sex Weight (lb) Height (in) System	50 Female 159.0 64 Black 6115	Medium Sta Small Stan Low keV Ai High keV A	dard dard dard ir (cps) iir (cps) fat) 1.3	277.15 206.94 147.06 732564 434332 49(21.6)	Scan Mode Scan Type Collimation Sample Size Current (uA)	(mm)	Med3 C 1.2x 1 7	
L1 L2 L3 L4			1 BMD (g/cm <sup>2</sup> ) 0	.44 .20 .96 .72 20 4	tison to Ref			
LUNAR®	HILLE HET	TER DORCHESOS	L2-L4 BMD L2-L4 % Y L2-L4 % A L2-L4 % BM	oung Adul ge Matche	t2 d3	1.374 ± 115 ± 117 ± 1389 ±	3	
Age (years) Bex Weight (lb) Height (in) System	50 Female 159.0 64 White 6116	Medium Sta Small Stan Low keV Ai High keV A	ndard indard idard ir (cps) Vir (cps) Vir ) 1.)	277.15 206.94 147.06 732564 434332 (49(21.6)	Scan Mode Scan Type Collimation Sample Size Current (uA)	(mm)		່ລເ

# AA as AA

AA as

## Caucasian

AA	as		ΔΔ							
Matched <sup>3</sup> Z	1.71	0.87	1.36	0.61	1.42	1.41	1.17	1.16	0.97	1.01
Age ¥	117	108	113	106	114	114	111	111	109	110
ig Adult <sup>2</sup> T	2.16	1.35	1.85	1.10	1.88	1.88	1.64	1.65	1.45	1.49
Youn %	123	114	118	111	120	119	117	116	115	115
BMD <sup>1</sup> g/cm <sup>2</sup>	1.389	1.362	1.421	1.332	1.375	1.395	1.377	1.398	1.374	1.379
REGION	Ll	L2	L3	L4	L1-L2	L1-L3	L1-L4	L2-L3	L2-L4	L3-L4

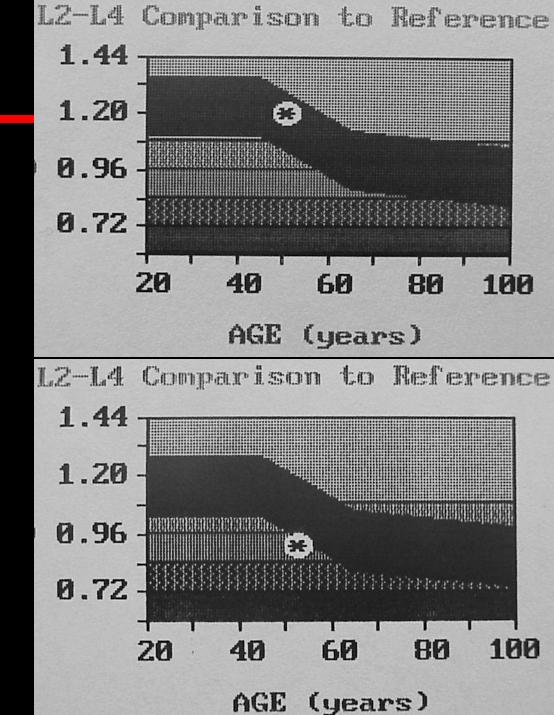
DECTON	BMD <sup>1</sup>	Youn	g Adult <sup>2</sup>	Age	Matched <sup>3</sup>	AA
REGION	g/cm <sup>2</sup>	\$	T	\$	Z	
L1	1.389	123	2.16	126	2.37	as
L2	1.362	114	1.35	116	1.57	
L3	1.421	118	1.85	121	2.06	White
L4	1.332	111	1.10	113	1.31	
L1-L2	1.375	120	1.88	122	2.09	T same
L1-L3	1.395	119	1.88	122	2.09	
L1-L4	1.377	117	1.64 <	119	1.86	Z up
L2-L3	1.398	116	1.65	119	1.86	
L2-L4	1.374	115	1.45	117	1.67	
L3-L4	1.379	115	1.49	117	1.71	

## Bone Densitometry Weight gain/loss and T

- Weight gain (loss) should cause an increase (decrease) in absolute BMD.
- Weight gain (or loss) will affect T score comparison, since reference range will not have changed.
- Hence an increase in weight with a corresponding increase in bone density, will look like a good improvement in T score, but fracture risk is unchanged.

## Bone Densitometry Weight gain/loss and Z

- Weight gain (or loss) will not affect Z score comparison, since Z scores are weight matched, but should cause an increase (or decrease) in absolute BMD.
- An increase in weight, pushes up the reference range, and therefore the Z score may seem reduced, and vice versa.



51F 90Kg

53F 51Kg

Age (years)	16.	Large Stand	(years)	17	Large Standar
Sex	Female	Medium Stan		Female	Medium Standa
Weight (lb)	93.0 🛶	Small Stand	ght (1b)	109.0 110	Small Standar
Height (in)	64 🗻	Low keV Air	ght (in)	64 ,	Low keV Air (
Sthnic	White	High keV Air	mic	White	High keV Air
System	6116	Rvalue (%Fat	tem	6116	Rvalue (%Fat)
		DMDI			BMD <sup>1</sup>
REGION		$BMD^1$ g/cm <sup>2</sup>	REGION		g/cm <sup>2</sup>
L1		0.736	L1		0.683
L2		0.883	L2		0.830
L3		0.932	L3		0.894
L4		0.907	L4		0.864
L1-L2		0.812	L1-L2		0.760
L1-L3		0.857	L1-L3		0.811
L1-L4		0.872	L1-L4		0.826
L2-L3		0.909	L2-L3		0.864
L2-L4	1.176		L2-L4	1.17	2 0.864
L3-L4		0.919	L3-L4		0.879

SD = 0.1 Both between -2 and -3 SD below mean for age

1Y, 16lb gain, 5% BMD loss

= significant increase in fracture risk



## 63 Post menopausal female

REGION	BMD <sup>1</sup>	Your	ng Adult <sup>2</sup>	Age	Matched <sup>3</sup>
	g/cm <sup>2</sup>	%	T	%	Z
L1 L2 L3 L4 L1-L2 L1-L3 L1-L4 L2-L3 L2-L4 L3-L4	0.935 0.951 0.877 0.801 0.944 0.917 0.887 0.911 0.875 0.841	83 79 73 67 82 78 75 75 76 73 70	-1.63 -2.07 -2.69 -3.33 -1.72 -2.11 -2.44 -2.41 -2.71 -2.99	105 99 92 84 104 99 95 95 95 91 88	0.39 -0.06 -0.68 -1.31 0.30 -0.09 -0.43 -0.39 -0.69 -0.97

## 63 Post menopausal female

Region of Interest	BMC (grams)	ANCILLARY Area (cm <sup>2</sup> )	Width	RESULTS** Height
	(grams)	(Cm)	( cm)	(cm)
L1	8.66	9.26	3.51	2.64
L2	10.82	11.38	3.65	3.12
L3	11.93	13.61	3.91	3.48
L4	9.69	12.10	4.38	2.76
L1-L2	19.48	20.64	3.58	5.76
L1-L3	31.41	34.24	3.71	9.24
L1-L4	41.10	46.34	3.86	12.00
L2-L3	22.75	24.98	3.79	6.60
L2-L4	32.44	37.08	3.96	9.36
L3-L4	21.62	25.70	4.12	6.24

## 63 Post menopausal female

REGION	BMD <sup>1</sup> g/cm <sup>2</sup>	* Young	g Adult <sup>2</sup> T	Age %	Matched <sup>3</sup> Z
NECK	0.756	77	-1.87	98	-0.15
WARDS	0.620	68	-2.23	97	-0.13
TROCH	0.672	85	-1.07	101	0.05

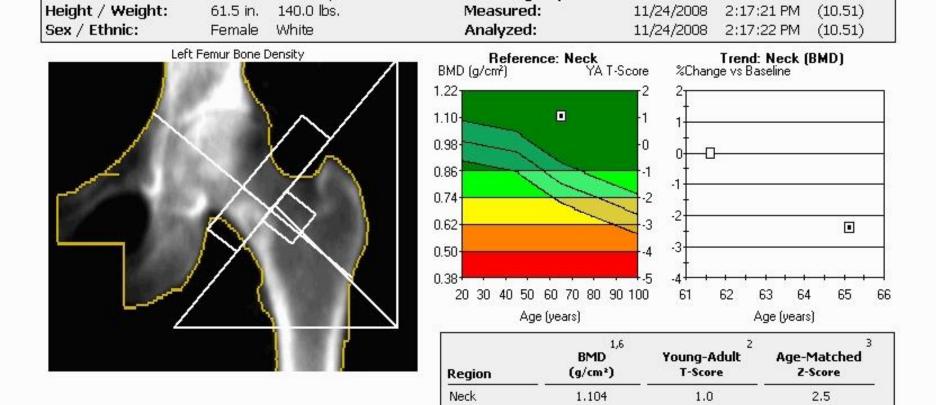
1 2 3 4			BMD (g/cm <sup>z</sup> )	2-L3 Compar 1.44 1.28 8.96 8.72 28 4 A	0	88 188	
LUNAR®	Page 1		L2-L3 ×	1D (g/cm <sup>2</sup> )1 Young Adult Age Matcher	122	8.911 ± 76 ± 95 ±	Э
Age (years)	63		dard	277.12	Scan Hode		Redium
Sex	Female		indaril	294.81			DYX
Weight (Eg)	54.0		dard	147.83		un (ma)	1.148
Neight (cm)	147 White		ir (cps)	655548		144 (1881)	1.28 1.2
Bystan	6550		(at)		Care enter 1		
REGION		BMD g/cm²	r Yo V	ung Adult T	Age	Matched Z	2
L1		0.935	83	-1.63	105	0.39	
L2		0.951		-2.07	99	-0.06	
L3		0.877		-2.69	92	-0.68	
L4		0.801	67	-3.33	84	-1.31	
L1-L2		0.944	82	-1.72	104	0.30	
L1-L3		0.917		-2.11	99	-0.09	
L1-L4		0.887		-2.44	95	-0.43	
L2-L3		0.911		-2.41	95	-0.39	
L2-L4 3 L3-L4		0.875		-2.71	91 88	-0.69	
3 L3-L4		0.841	70	-2.99	80	-0.23	

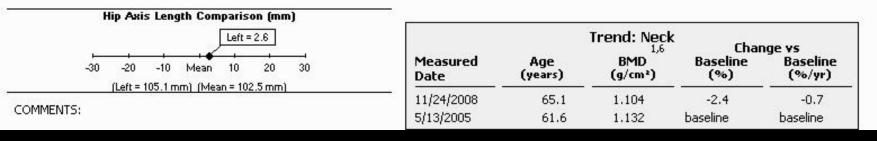
63F

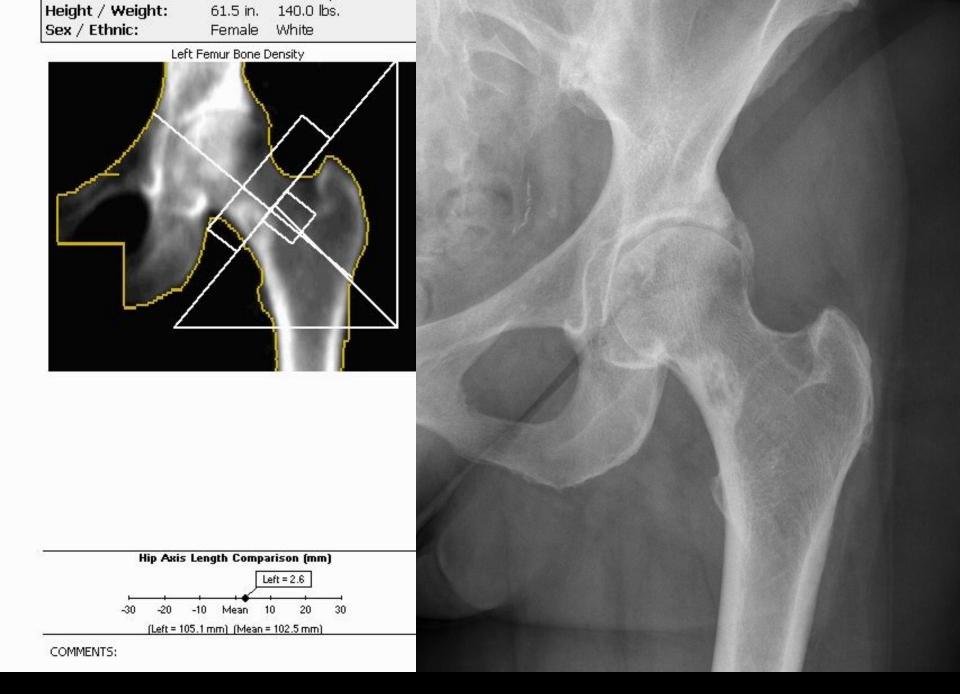


## Report

 Because of the previous laminectomy at L4, which may also be affecting the reading on the inferior aspect of L3, the BMD is averaged at L1-2. Note is also made of mild decrease in the L4 vertebral height.

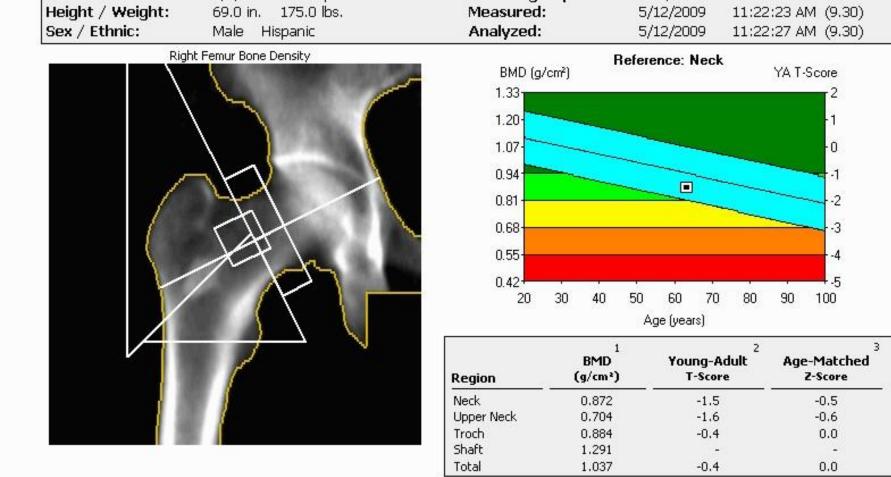




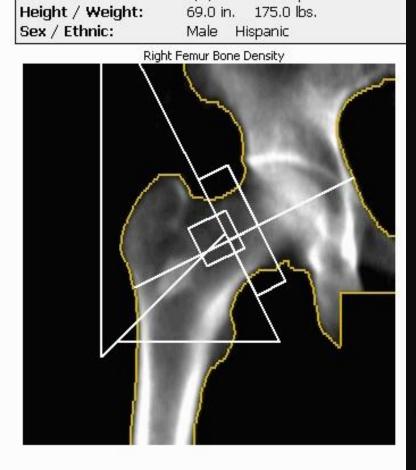


## Report

 An area of increased density is noted within the measured area of the left femoral neck. This makes the DEXA reading non-diagnostic. An X-ray of the left hip is recommended for further assessment.



#### Going to use the lower of neck or total, so not an issue

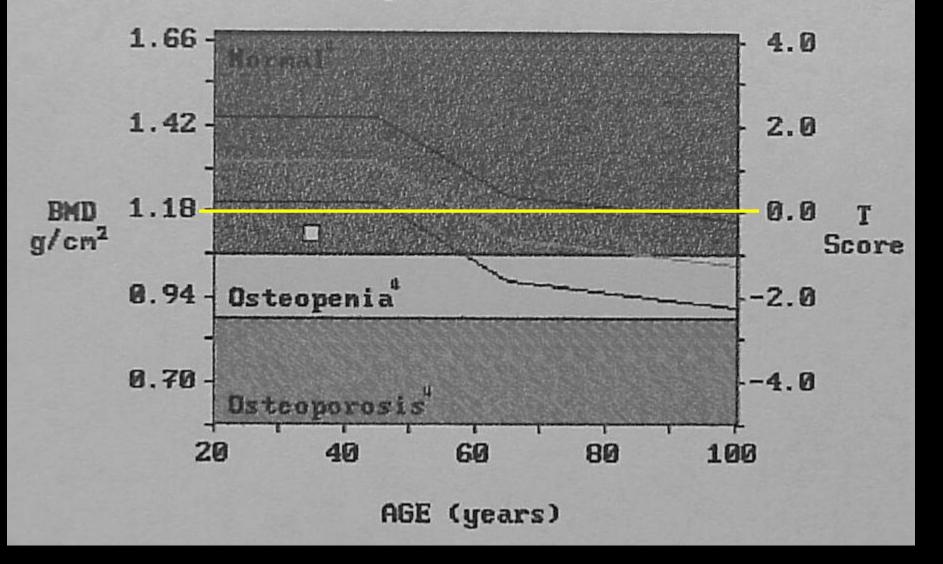




A focal area of increased density is noted within the right intertrochanteric region. This is outside the measured region of the femoral neck and should not affect the DEXA reading. However, X-ray of the right hip is recommended for further assessement.

Region	BMD <sup>1</sup> g/cm <sup>2</sup>	Young %	Adult <sup>2</sup> T	Age %	Matched <sup>3</sup> Z
L1	1.066	94	-0.5	84	-1.7
L2	1.166	97	-0.3	87	-1.4
L3	1.107	92	-0.8	83	-1.9
L4	1.128	94	-0.6	84	-1.8
L1-L2	1.116	97	-0.3	86	-1.5
L1-L3	1.113	95	-0.5	85	-1.6
L1-L4	1.117	95	-0.5	85	-1.7
L2-L3	1.136	95	-0.5	85	-1.7
L2-L4	1.132	94	-0.6	85	-1.7
L3-L4	1.118	93	-0.7	83	-1.8

L1-L4 Comparison to Reference



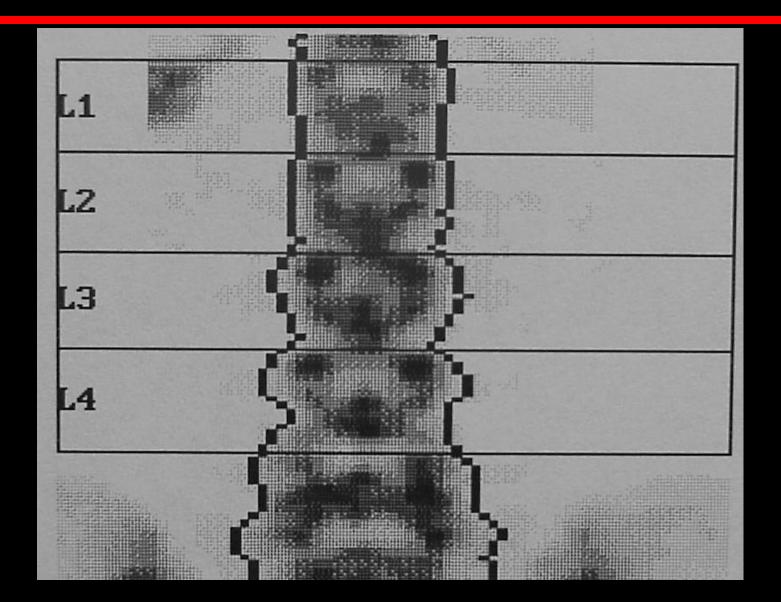
35F White 242lbs 62in

Because of the patients age, the T score cannot be used to assess the WHO criteria. Because of the patients weight, the T score may not fully represent the fracture risk, and note should be made that the Z score is 1.7 SD below age and weight matched.

REGION	BMD <sup>1</sup>	You	ng Adult <sup>2</sup>	Age	Matched <sup>3</sup>
	g/cm <sup>2</sup>	%	T	%	Z
NECK	0.702	66	-3.07	67	-2.84
WARDS	0.736	77	-1.73	80	-1.43
TROCH	0.598	64	-3.02	65	-2.91
REGION	BMD <sup>1</sup>	You	ung Adult <sup>2</sup>	Age	Matched <sup>3</sup>
	g/cm <sup>2</sup>	%	T	%	Z
L1 L2 L3 L4 L1-L2 L1-L3 L1-L4 L2-L3 L2-L4 L2-L4 L3-L4	0.537 0.704 0.640 0.653 0.627 0.632 0.637 0.637 0.673 0.666 0.647	46 57 52 52 52 52 52 54 54 54 52	-5.19 -4.47 -5.00 -4.89 -4.77 -4.82 -4.86 -4.73 -4.78 -4.95	48 58 53 54 54 54 54 54 56 55 54	-4.92 -4.20 -4.74 -4.62 -4.50 -4.55 -4.55 -4.59 -4.46 -4.52 -4.68

 The very low bone density is compatible with the known diagnosis of osteogenesis imperfecta.

#### 46 Premenopausal female



## 46 Premenopausal female

	BMD1	Young		Age	Matched <sup>3</sup>
REGION	g/cm <sup>2</sup>	%	T 		Z
L1	1.421	126 124	2.42	131 129	2.81
L2 L3	1.520	127	2.67	132	3.06
L4 L1-L2	1.481	123 127	2.35 2.56	128 132	2.74 2.95
L1-L3	1.480	126	2.58	132	2.98
L1-L4 L2-L3	1.480 1.506	125 125	2.50 2.55	131 131	2.94
L2-L4 L3-L4	1.496 1.499	125 125	2.47 2.49	130 130	2.86

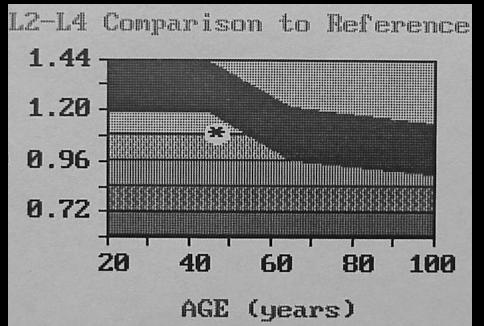
# 46 Premenopausal female



# 46 Premenopausal female Report

 Although the calcified bile is seen on the DEXA scan, it is outside the measured region and will not affect the reading, on this occasion.

REGION	BMD <sup>1</sup>	You	ng Adult <sup>2</sup>	Age	Matched <sup>3</sup>
	g/cm <sup>2</sup>	%	T	%	Z
L1	0.954	84	-1.47	79	-2.08
L2	0.997	83	-1.69	78	-2.35
L3	1.166	97	-0.28	91	-0.93
L4	1.112	93	-0.73	87	-1.38
L1-L2	0.977	85	-1.44	80	-2.07
L1-L3	1.045	89	-1.04	84	-1.68
L1-L4	1.064	90	-0.96	85	-1.60



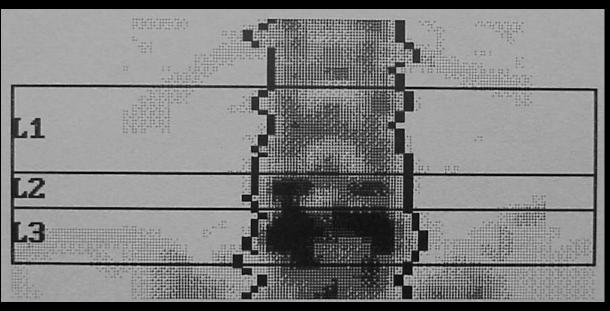
AA

• The Z score is worse than the T score at all levels because the the Z score is compared to weight and ethnicity and African American females naturally have a higher bone density than the standard Caucasian used for the T score, even at the age of 47.

SCAN DATE	REGION	BMD g/cm2	% YOUNG ADULT	<pre>% AGE MATCHED</pre>
13.02.1996	L2-L4	1.279	107	112
08.10.1998	L2-L4	1.307	109	118
13.02.1996	NECK	0.842	86	93
08.10.1998	NECK	0.788	80	89

 A common cause for the bone density of the lumbar spine to increase whilst that of the femoral neck decreases over time is, the development of lower lumbar spine end plate sclerosis and facet osteophytes.

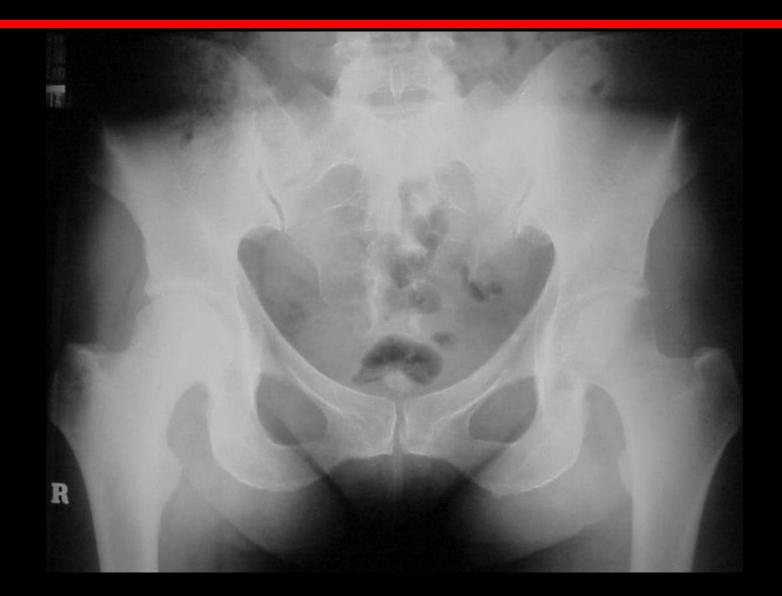
REGION	BMD <sup>1</sup>	Young	Adult <sup>2</sup>	Age	Matched <sup>3</sup>
	g/cm <sup>2</sup>	%	T	%	Z
L1	1.168	103	0.32	118	1.48
L2	1.574	131	3.12	149	4.28
L3	2.096	175	7.46	198	8.63
L1-L2	1.299	113	1.24	129	2.41
L1-L3	1.571	134	3.35	153	4.51
L2-L3	1.896	158	5.80	179	6.97



#### Sacral agenesis

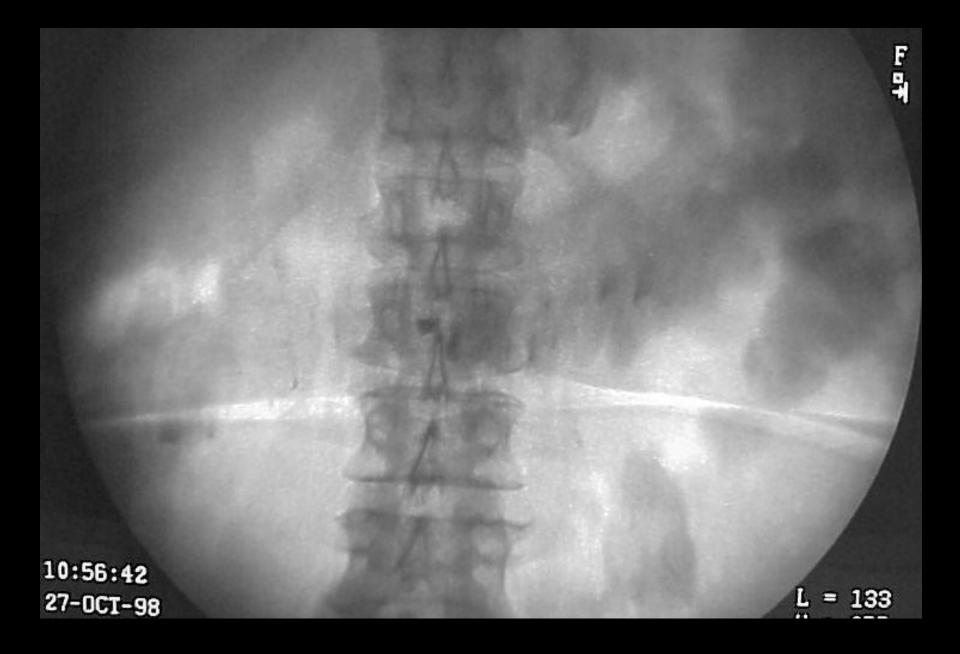
 It is likely that only L1 represents close to true bone density and use of femoral neck measurements alone is recommended.

BMD <sup>1</sup> g/cm <sup>2</sup>	You %	ng Adult <sup>2</sup>	Age %	Matched <sup>2</sup> Z
1.075 1.247 1.235 1.132 1.162 1.192 1.175 1.240 1.201 1.201 1.185	95 104 103 94 101 102 100 103 100 99	-0.45 0.39 0.29 -0.57 0.10 0.19 -0.04 0.33 0.01 -0.13	99 108 107 98 105 106 103 107 104 102	-0.10 0.75 0.65 -0.21 0.46 0.55 0.32 0.69 0.37 0.23
BMD <sup>1</sup> g/cm <sup>2</sup> 1.685 1.973	¥ou % 172 217	ng Adult <sup>2</sup> T 5.87 8.18	Age %  183 244	Matched <sup>3</sup> Z 6.38 8.95
	g/cm <sup>2</sup> 1.075 1.247 1.235 1.132 1.162 1.162 1.192 1.175 1.240 1.201 1.201 1.185 BMD <sup>1</sup> g/cm <sup>2</sup>  1.685	g/cm²       %         1.075       95         1.247       104         1.235       103         1.132       94         1.162       101         1.192       102         1.175       100         1.240       103         1.201       100         1.185       99         BMD¹       You         g/cm²       %         1.685       172	g/cm²       %       T         1.075       95       -0.45         1.247       104       0.39         1.235       103       0.29         1.132       94       -0.57         1.162       101       0.10         1.192       102       0.19         1.175       100       -0.04         1.240       103       0.33         1.201       100       0.01         1.185       99       -0.13	g/cm²       %       T       %         1.075       95       -0.45       99         1.247       104       0.39       108         1.235       103       0.29       107         1.132       94       -0.57       98         1.162       101       0.10       105         1.192       102       0.19       106         1.175       100       -0.04       103         1.240       103       0.33       107         1.201       100       0.01       104         1.185       99       -0.13       102



 In view of the significant discrepancy between the right femoral neck and lumbar spine measurements , radiographs of the right hip/pelvis are recommended.

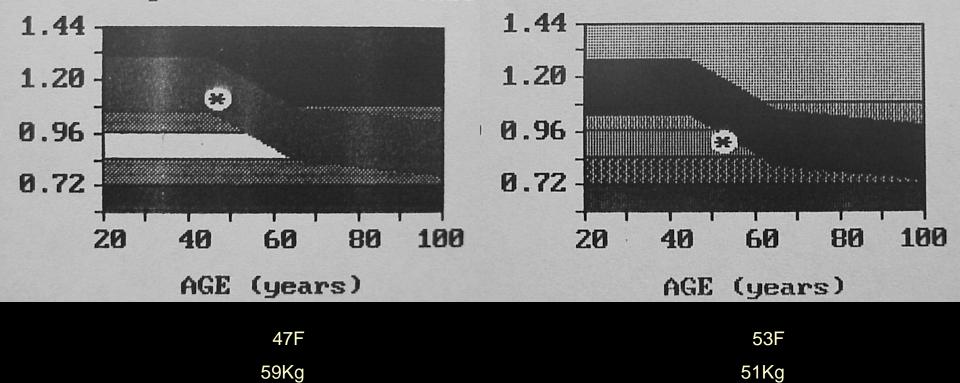
	REGION	BMD <sup>1</sup> g/cm <sup>2</sup>	You %	ng Adult <sup>2</sup> Z	Age	Matched <sup>3</sup> Z
	L1	1.148	102	0.15	106	0.53
2d earlier	L2	1.299	108	0.82	113	1.21
	L3 L4	1.233 1.099	103 92	0.27	107	0.65
	L1-L2	1.225	106	-0.84 0.62	95 111	-0.46 1.00
	L1-L3	1.227	105	0.48	109	0.86
	L1-L4	1.191	101	0.09	105	0.48
	L2-L3	1.264	105	0.53	110	0.92
	L2-L4	1.204	100	0.03	104	0.41
	L3-L4	1.162	97	-0.31	101	0.07
		BMD <sup>1</sup>	You	ing Adult <sup>2</sup>		Matched <sup>3</sup>
	REGION	BMD <sup>1</sup> g/cm <sup>2</sup>	You %	ng Adult <sup>2</sup> Z	Age %	Matched <sup>3</sup> Z
	REGION L1					
		g/cm <sup>2</sup>	8	Ζ	%	Ζ
2d lator	L1	g/cm <sup>2</sup> 1.132 1.243 1.253	% 100 104 104	Z 0.02 0.35 0.44	% 104 108 109	Z 0.40 0.74 0.83
2d later	L1 L2 L3 L4	g/cm <sup>2</sup> 1.132 1.243 1.253 1.109	% 100 104 104 92	Z 0.02 0.35 0.44 -0.76	% 104 108 109 96	Z 0.40 0.74 0.83 -0.37
2d later	L1 L2 L3 L4 L1-L2	g/cm <sup>2</sup> 1.132 1.243 1.253 1.109 1.190	% 100 104 104 92 103	Z 0.02 0.35 0.44 -0.76 0.33	% 104 108 109 96 108	Z 0.40 0.74 0.83 -0.37 0.71
2d later	L1 L2 L3 L4 L1-L2 L1-L3	g/cm <sup>2</sup> 1.132 1.243 1.253 1.109 1.190 1.213	% 100 104 104 92 103 104	Z 0.02 0.35 0.44 -0.76 0.33 0.36	% 104 108 109 96 108 108	Z 0.40 0.74 0.83 -0.37 0.71 0.74
2d later	L1 L2 L3 L4 L1-L2 L1-L3 L1-L4	g/cm <sup>2</sup> 1.132 1.243 1.253 1.109 1.190 1.213 1.183	% 100 104 104 92 103 104 100	Z 0.02 0.35 0.44 -0.76 0.33 0.36 0.02	% 104 108 109 96 108 108 104	Z 0.40 0.74 0.83 -0.37 0.71 0.71 0.74 0.41
2d later	L1 L2 L3 L4 L1-L2 L1-L3	g/cm <sup>2</sup> 1.132 1.243 1.253 1.109 1.190 1.213	% 100 104 104 92 103 104	Z 0.02 0.35 0.44 -0.76 0.33 0.36	% 104 108 109 96 108 108	Z 0.40 0.74 0.83 -0.37 0.71 0.74



 It was noticed that the patient has had a recent barium study and that barium may therefore falsely elevate the bone density. A repeat study is therfore recommended.

53F	REGION	BMD <sup>1</sup> g/cm <sup>2</sup>	Your 왕	ng Adult <sup>2</sup> T	Age %	Matched <sup>3</sup> Z
51Kg 6 yr later, 8Kg wt loss	L1 L2 L3 L4 L1-L2 L1-L3 L1-L4	0.877 0.945 0.968 0.818 0.914 0.935 0.903	78 79 81 68 79 80 77	-2.11 -2.12 -1.93 -3.19 -1.97 -1.96 -2.30	89 90 92 77 91 91 87	-0.91 -0.92 -0.73 -1.99 -0.77 -0.76 -1.10
	L2-L3 L2-L4 L3-L4	0.958 0.911 0.895	80 76 75	-2.02 -2.41 -2.54	91 86 85	-0.82 -1.21 -1.34
	The second second second	BMD <sup>1</sup>	Your	ng Adult <sup>2</sup>	Age	Matched <sup>3</sup>
	REGION	g/cm <sup>2</sup>	8	T	8	Z
47F 59Kg	L1 L2 L3 L4 L1-L2 L1-L3 L1-L4 L2-L3 L2-L4 L3-L4	1.085 1.165 1.194 0.993 1.125 1.125 1.150 1.109 1.180 1.116 1.094	96 97 100 83 98 98 98 94 98 94 98 93 91	-0.38 -0.29 -0.05 -1.72 -0.20 -0.16 -0.59 -0.16 -0.70 -0.88	100 101 103 86 102 102 98 102 97 95	0.00 0.09 0.33 -1.34 0.18 0.22 -0.21 0.22 -0.32 -0.50

L2-L4 Comparison to Reference L2-L4 Comparison to Reference



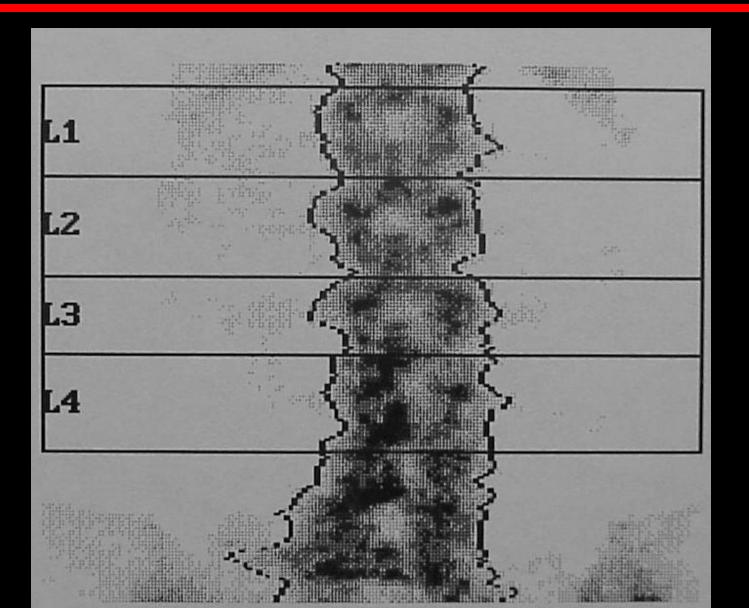
1

 As the patient loses weight the T score worsens at a faster rate than the Z score because the reference range for the Z score also is lowered.

 However with the loss of weight the fracture risk does not increase as much as the T score worsens.

REGION	BMD <sup>1</sup> g/cm <sup>2</sup>	You %	ng Adult <sup>2</sup>	Age	Matched <sup>3</sup> Z
Ll	1.314	116	1.53	133	2.74
L2	1.521	127	2.68	144	3.89
L3	1.525	127	2.71	145	3.91
L4	1.771	148	4.76	168	5.96
L1-L2	1.421	124	2.26	141	3.47
L1-L3	1.453	124	2.36	142	3.57
L1-L4	1.540	131	3.00	149	4.21
L2-L3	1.523	127	2.69	144	3.90
L2-L4	1.613	134	3.44	153	4.65
L3-L4	1.660	138	3.84	157	5.04

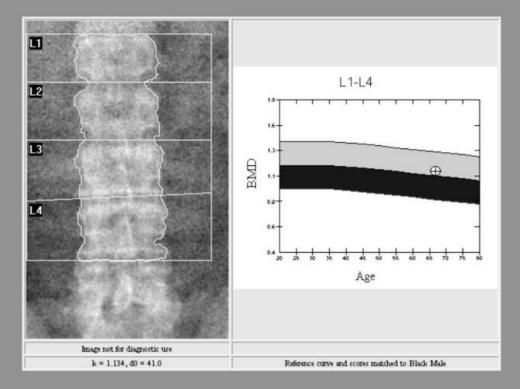
REGION	BMD <sup>1</sup> g/cm <sup>2</sup>	Young %	Adult <sup>2</sup> T	Age %	Matched <sup>3</sup> Z
NECK	1.195	122	1.79	138	2.74
WARDS	1.003	110	0.71	136	2.05
TROCH	0.878	111	0.80	117	1.16



 Because of lower lumbar spine degenerative changes the lumbar spine should not be included in the study.



Sex:	Male
Ethnicity:	Black
Height:	69.0 in
Weight:	186.0 lb
DOB:	01/22/1939
Age:	66
Menopause Age:	
Referring Physician:	JUNG, A. SCOTT



#### Scan Information

Scan Date:	December 01, 2005 - A1201050H
Scan Type	f Lumbar Spine
Analysis Date	12/01/2005 10:43
Report Date	12/01/2005 10:43
Institution	VA MEDICAL CENTER
Operator:	FA/MM
Model:	Delphi W (S/N 70872)
Comment:	
Software version	11.2

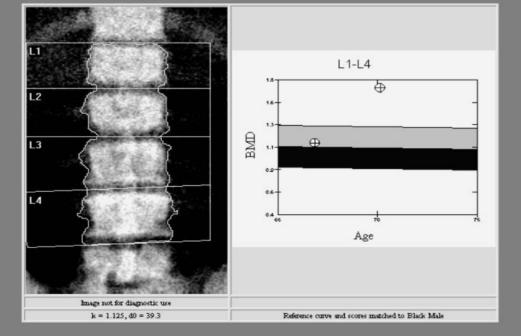
#### **Results Summary:**

Region	Area [cm²]	BMC [(g)]	BMD [g/cm²]	T - Score	PR (Peak Reference)	Z - Score	AM (Age Matched)
L1	14.45	14.28	0.988	-1.1	89	-0.3	97
L2	16.93	16.48	0.974	-2.1	81	-1.2	88
L3	18.37	22.63	1.232	0.2	102	1.1	111
L4	20.78	27.11	1.305	0.4	104	1.4	113
Total	70.53	80.50	1.141	-0.5	95	0.4	104

Total BMD CV 1.0%, ACF = 1.017, BCF = 0.993

Fracture Risk: Not Increased; WHO Classification: Normal

Ethnicity:	Black		
Height:	69.0 in		
Weight:	170.0 1ь		
DOB:	01/22/1939		
Age:	70		
Menopause Age:			
Referring Physician:	JUNG, A. SCOTT		



#### Scan Information

7

Scan Date:	March 11, 2009 - A0311090P	
Scan Type	f Lumbar Spine	
Analysis Date	03/11/2009 09:58	
Report Date	03/11/2009 10:00	
Institution	VA MEDICAL CENTER	
Operator:	FRED	
Model:	Delphi W (S/N 70872)	
Comment:	F/U 12/1/05	
Software version	11.2	

#### **Results Summary:**

Region	Area [cm²]	BMC [(g)]	BMD [g/cm²]	T - Score	PR (Peak Reference)	Z - Score	AM (Age Matched)
L1	14.98	23.31	1.556	4.1	141	5.0	154
L2	16.53	27.54	1.666	4.2	139	5.2	153
L3	18.95	32.43	1.711	4.5	141	5.5	155
L4	21.20	39.74	1.875	5.6	149	6.6	164
Total	71.67	123.03	1.717	4.7	143	5.7	158

Total BMD CV 1.0%, ACF = 1.012, BCF = 0.986

3/11/09

**Results History**:

Scan Date	Age	BMD	T - Score	BMD Change vs Baseline	BMD Change vs Previous
03/11/2009	70	1.717	4.7	50.4%*	50.4%*
12/01/2005	66	1.141	-0.5		

Ethnicity:	Black
Height:	69.0 in
Weight:	170.0 1ь
DOB:	01/22/1939
Age:	70
Menopause Age:	
Referring Physician:	JUNG, A. SCOTT

# $\frac{1}{129, d0 = 46.4}$

**Results Summary:** 

Region	Area [cm²]	BMC [(g)]	BMD [g/cm <sup>2</sup> ]	T - Score	PR (Peak Reference)	Z - Score	AM (Age Matched)
Neck	4.04	3.03	0.750	-2.1	70	-0.6	89
Troch	14.43	8.97	0.621	-1.9	71	-0.9	83
Inter	29.64	30.67	1.035	-1.6	76	-0.7	88
Total	48.11	42.66	0.887	-1.7	75	-0.6	89
Ward's	1.06	0.59	0.557	-2.1	60	-0.2	95

Total BMD CV 1.0%, ACF = 1.012, BCF = 0.986

**Results History:** 

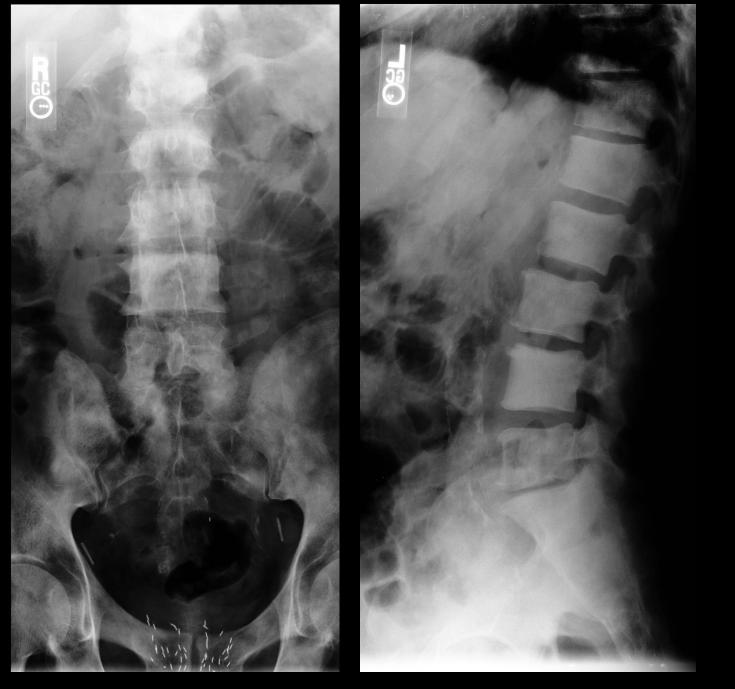
Scan Date	Age	BMD	T - Score	BMD Change vs Baseline	BMD Change vs Previous
03/11/2009	70	0.887	-1.7	-9.1%*	-9.1%*
12/01/2005	66	0.975	-1.2		

#### Scan Information

Scan Date:	March 11, 2009 - A03110900
Scan Type	f Left Hip
Analysis Date	03/11/2009 09:59
Report Date	03/11/2009 10:00
Institution	VA MEDICAL CENTER
Operator:	FRED
Model:	Delphi W (S/N 70872)
Comment:	F/U 12/1/05
Software version	11.2

3/11/09





#### **Prostate Metastases**



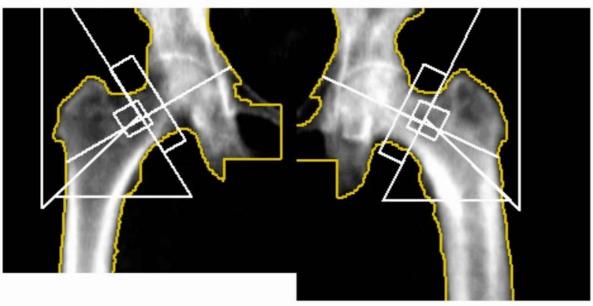




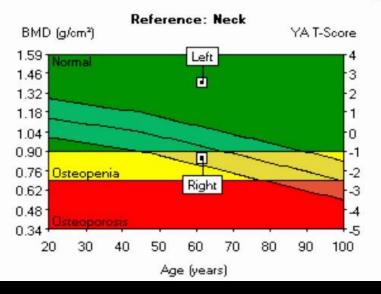
70 yo Man for DEXA follow up

1

#### DualFemur Bone Density



#### Image not for diagnosis



	BMD	Young-Adult <sup>2,</sup>	7 Age-Matched
Region	(g/cm²)	T-Score	Z-Score
Neck			
Neck Left	1.388	2.5	3.3
Neck Right	0.845	-1.4	-0.6
Neck Mean	1.116	0.6	1.3
Neck Diff.	0.543	3.9	3.9
Total			
Total Left	1.508	4.0	4.4
Total Right	0.980	-0.2	0.2
Total Mean	1.244	1.9	2.3
Total Diff.	0.529	4.2	4.2

#### 4430.8400 DEXA Pagets prox femur 62F



4430.8400 DEXA Pagets prox femur 62F

ANCILLARY T Region NECK WARDS TROCH SHAFT TOTAL	ic area 8.7	Acmainw	1.35 BMD 1.09 g/cm <sup>2</sup> 0.83 0.57 0.57 2 <u>Region</u> TOTAL	TOTAL Comp 9 49 9 49 10.446	AGE (year Young BS8	to Referen	2.8 0.0 I Score -2.0 -4.0 100 Age-Matched 8 Z 964 72.0
ANCILLARY	FEMUR RESULT BMC	S** Area	men -				
Region	(grams)	(Cm <sup>2</sup> )	· · · · ·	$\lambda_{70}$			
NECK WARDS TROCH SHAFT TOTAL	106.33 126.59 415.57 232.23 754.13	10.14 11.43 39.91 22.14 72.19		۰°ر	CM2	inn	nen

				1.3	-	mparison to Refer	ence 2.8
ANCILLARY Region	FEMUR RESULT BMC (grams)	rS** Area (cm²)	(A)	ВМД 1.8 g/cm <sup>1</sup> 8.8			0.0 T Score
NECK WARDS TROCH SHAFT TOTAL	5.42 2.60 18.21 18.64 42.27	5.34 3.16 18.35 15.28 38.97		Ø.5	7 20 40	60 00 AGE (years)	-4.0
				Region TOTAL	BMD <sup>1</sup> <u>g/cm<sup>2</sup></u> 1.085	Young-Adult <u>% T</u> 100 0.0	$ \begin{array}{c}     Age-Matched^{3} \\     \hline                               $
				1	DTAL Compa	rison to Referen	nce
ANCILLARY I	FEMUR RESULTS BMC	** Area		1.35- BMD 1.09- g/cm <sup>1</sup>			2.8 9.9 T
Region	(grams)	(Cm <sup>2</sup> )	EX.	g/ch- 0.03			-2.8
NECK WARDS TROCH	106.33 126.59 415.57	10.14 11.43 39.91	MAL	8.57	40	69 88	-4.0
SHAFT TOTAL	232.23 754.13	22.14 72.19			AG	E (years)	
					BMD <sup>1,7</sup> g/cm <sup>2</sup> 10.446	Young-Adult <sup>2</sup> * T 958 72.0	Age-Matched <sup>3</sup> <u>%</u> Z 964 72.0

#### Rec. repeat

#### 54M ESLD s/p trans

R

R

 Only technical error could account for such a finding and therefore repeat study is recommended.

	REGION	BMD <sup>1</sup> g/cm <sup>2</sup>	Young Adult <sup>2</sup> % T
15m earlier	L1 L2 L3 L4 L1-L2 L1-L3 L1-L4 L2-L3 L2-L4 L3-L4	0.703 0.735 0.797 0.788 0.721 0.748 0.760 0.760 0.767 0.775 0.792	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$
	REGION	BMD <sup>1</sup> g/cm <sup>2</sup>	Young Adult <sup>2</sup> % T
15m later	L1 L2 L3 L4 L1-L2 L1-L3 L1-L4 L2-L3 L2-L4 L3-L4	0.716 0.790 0.836 0.875 0.755 0.755 0.784 0.811 0.813 0.813 0.837 0.857	$\begin{array}{cccccccccccccccccccccccccccccccccccc$

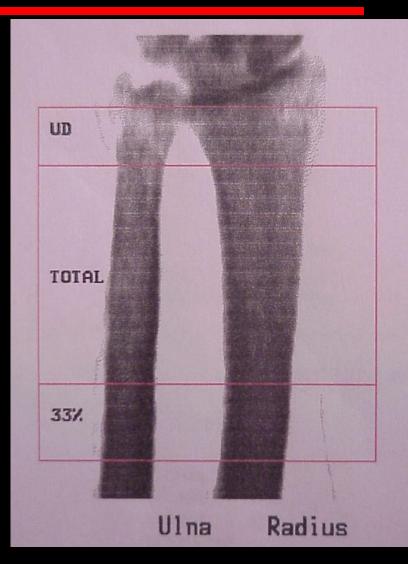
#### 76F response to Rx

 If all levels increase in bone density over time, it is likely a response to treatment.

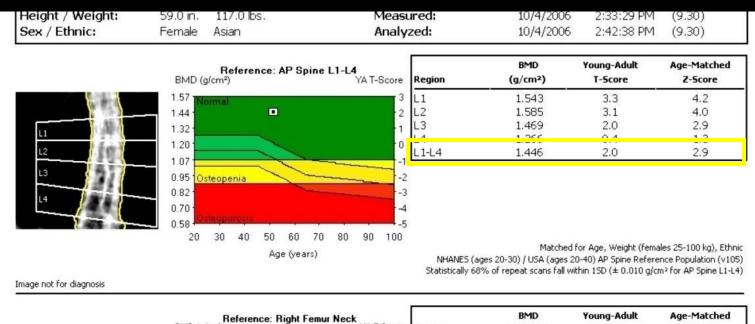
1

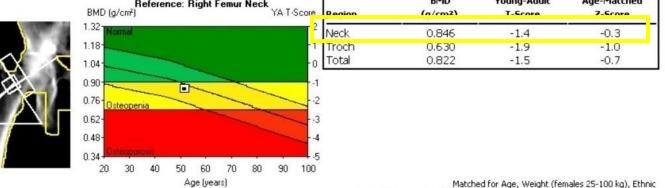
	L1 L2 L3 L4		IND g/cm²	1.40 1.24 1.00 0.76 20	- 48 Re	GE (years)				
	BMD <sup>1</sup>	Young 1	Regio L2-L4 Adult <sup>2</sup>	n 9 1	BMD <sup>1,7</sup> g/cm <sup>2</sup> 1.426		.5 12			
Region	g/cm <sup>2</sup>	20 dang 1	T	Н	eı	.ght	C	BW	IC/W	
 Ll				100	(0	m)		(a	(cm)	
L2	1.129 1.380	97 111	-0.3	2.2				. 5	,,	
L3	1.414	114	1.5							-
L4	1.471	119	1.9	13	3	.48	3		3.93	
L1-L2 L1-L3	1.249	104	0.4							
L1-L3	1.304 1.353	108	0.8			. 76			3.81	
з	1.398	113	1.3	19.3	3	.12	2		4.41	
L2-L4	1.426	115	1.5							
L3-L4	1.446	117	1.7	1.50	3	.60	5	and the second	5.30	

P	Region		BMD <sup>1,6</sup> g/cm <sup>2</sup>	Young %	Adult <sup>2</sup> T
	RADIUS ULNA BOTH	UD UD UD	0.317 0.234 0.294	75 - -	-2.6
	RADIUS	33%	0.608	75	-2.5
	ULNA BOTH RADIUS ULNA	33% 33% TOTAL TOTAL	0.640 0.622 0.440 0.440	- - 72 -	- -3.1 -
	BOTH	TOTAL	0.440	-	-



 When the lumbar spine and hips cannot be used we turn to the distal radius and use the 33% measurement.





NHANES (ages 20-30) / USA (ages 20-40) Femur Reference Population (v105)

Height / Weight: Sex / Ethnic:		.17.0 lbs. sian			Meası Analy		10/4/2006 10/4/2006	2:33:29 PM 2:42:38 PM	(9.30) (9.30)			
ANCILLARY RESULTS [AP Spine]												
Region	1 BMD (g/cm²)	Youn (%)	2 g-Adult T-Score	Age-l (%)	3 Matched Z-Score	BMC (g)	Area (cm²)	Width (cm)	Height (cm)			
L1	1.543	135	3.3	150	4.2	17.95	11.63	4.1	2.86			
L2	1.585	131	3.1	144	4.0	18.62	11.75	4.3	2.74			
L3	1.469	120	2.0	132	2.9	24.73	16.83	4.6	3.67			
L4	1.266	104	0.4	114	1.3	22.29	17.61	5.1	3.49			
L1-L2	1.565	133	3.2	147	4.1	36.57	23.38	4.2	5.60			
L1-L3	1.525	129	2.8	142	3.7	61.30	40.21	4.3	9.26			
L1-L4	1.446	121	2.0	133	2.9	83.59	57.82	4.5	12.75			
L2-L3	1.517	125	2.5	137	3.4	43.35	28.58	4.4	6.41			
L2-L4	1.421	116	1.6	128	2.6	65.64	46.19	4.6	9.89			
L3-L4	1.365	112	1.2	123	2.1	47.02	34.44	4.8	7.15			

Height / Weight:	59.0 in.	117.0 lbs.	Measured:	10/4/2006	2:35:41 PM	(9.30)
Sex / Ethnic:	Female	Asian	Analyzed:	10/4/2006	2:42:39 PM	(9.30)

#### ANCILLARY RESULTS [Right Femur]

	BMD	Youn	2 Ig-Adult	Age-I	3 Matched	BMC	Area	
egion	(g/cm²)	(%) T-Score		(%) Z-5core		(g)	(cm²)	
Neck	0.846	81	-1.4	96	-0.3	4.26	5.03	
Upper Neck	0.684	83	-1.1	96	-0.2	1.72	2.51	
Wards	0.633	70	-2.1	85	-0.9	1.78	2.81	
Troch	0.630	74	-1.9	84	-1.0	7.27	11.54	
Shaft	0.976	-	-	-	-	13.35	13.67	
Total	0.822	82	-1.5	91	-0.7	24.87	30.24	

Height / Weight: Sex / Ethnic:	59.0 in. Female	117.0 lbs. Asian		sured: yzed:		*		(9.30) (9.30)
	%Char 4	Trend: L1-L4 nge vs Previous		Measured Date	Age (years)	Trend: L1-L4 BMD (g/cm²)		nge vs Previous (%)
L1 L2 L3 L4				10/4/2006 5/2/2002	51.5 47.1	1.446 1.415	0.031	2.2
	47	48 49 50 Age (years)	51 5				, Weight (females P Spine Reference	

NHANES (ages 20-30) / USA (ages 20-40) AP Spine Reference Population (v105) Statistically 68% of repeat scans fall within 15D (± 0.010 g/cm<sup>2</sup> for AP Spine L1-L4)

Image not for diagnosis

	Trend: Neck				Trend: Neck		
1000	%Change vs Previous		Measured Date	Age (years)	BMD (g/cm²)	Chan Previous (g/cm²)	ige vs Previous (%)
$\propto$	6		10/4/2006 5/2/2002	51.5 47.1	0.846 0.783	0.063	8.0
	2						
U		+ + + + + + + + + + + + + + + + + + + +					
	47 48 49 50 Age (years)	51 53				Weight (females	

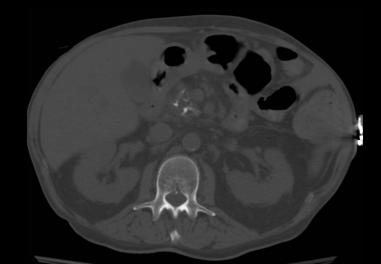
NHANES (ages 20-30) / USA (ages 20-40) Femur Reference Population (v105) Statistically 68% of repeat scans fall within 1SD (± 0.014 g/cm<sup>2</sup> for Right Femur Neck)

 Increase in lumbar spine bone density is due to syndesmophytes and ligament ossification.

## HADD and zipper

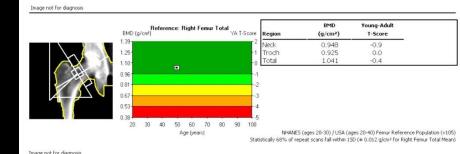


Height / Weight: Sex / Ethnic:	68.0 in. 13 Male White	35.0 lbs. œ			Measu Analy:		11/28/2006 11/28/2006	10:42:51 AM 10:51:05 AM						
ANCILLARY RES	ANCILLARY RESULTS [AP Spine]													
Region	1 BMD (g/cm²)	Youn (%)	2 ng-Adult T-Score	Age-N (%)	3 Matched <b>Z-Score</b>	BMC (g)	Area (cm²)	Width (cm)	Height (cm)					
L1	1.250	108	0.8	119	1.6	18.41	14.72	4.2	3.47					
L2	1.393	112	1.3	123	2.2	20.17	14.48	4.3	3.36					
L3	1.373	111	1.1	121	2.0	21.67	15.79	4.4	3.57					
L4	1.201	97	-0.3	106	0.6	23.48	19.55	4.9	3.99					
L1-L2	1.321	110	1.0	121	1.9	38.58	29.20	4.3	6.83					
L1-L3	1.339	111	1.1	121	2.0	60.25	44.99	4.3	10.40					
L1-L4	1.297	106	0.6	117	1.5	83.73	64.54	4.5	14.39					
L2-L3	1.382	111	1.2	122	2.1	41.84	30.27	4.4	6.93					
L2-L4	1.311	106	0.6	116	1.5	65.32	49.81	4.5	10.92					
L3-L4	1.278	103	0.3	113	1.2	45.15	35.34	4.7	7.56					



• Calcium anterior to the spine can increase apparent BMD.

Height / Weight: Sex / Ethnic:	69.0 in. 1 Male Othe	174.0 lbs. her	AL .		Meas Analy	isured: lyzed:	7/12/2006 7/12/2006	1:57:26 PM 2:03:57 PM		Height / Weight: Sex / Ethnic:	69.0 in. 1 Male Oth	174.0 lbs. her	Measu Analy:		7/12/2006 7/12/2006		
ANCILLARY RES	ULTS [A	P Spin	ie]								BMD (g/cr	Reference: AP Spine L1-L m <sup>2</sup> )	L4 YA T-Score	Region	BMD (g/cm²)	Young-Adult T-Score	
Region	BMD (g/cm²)	Young (%)	2 ng-Adult T-Score	-	-Matched Z-Score	BMC (g)	Area (cm²)	Width (cm)	Height (cm)		1.48 1.36 1.24		2 1 0	L1 L2 L3	0.856 0.938 0.995 1.027	-2.6 -2.6 -2.1 -1.8	
L1	0.856	73	-2.6	-	-	11.68	13.63	3.8	3.57	L2	1.11		-1	L1-L4	0.963	-2.2	
L2	0.938	75	-2.6	-	-	14.77	15.74	4.2	3.78	12	0.99		-2				
L3	0.995	80	-2.1	-	-	18.37	18.47	4.8	3.89		0.86		-3				
L4	1.027	82	-1.8	-	-	20.46	19.93	5.1	3.89	L4	0.74		-4				
L1-L2	0.900	74	-2.6	-	-	26.44	29.38	4.0	7.35		20 3	30 40 50 60 70 80	0 90 100				
L1-L3	0.937	77	-2.3	-	-	44.81	47.84	4.2	11.24			Age (years)			(ages 20-30) / USA (ages 2 68% of repeat scans fall wi		
L1-L4	0.963	78	-2.2	-	-	65.27	67.77	4.5	15.12	Image not for diagnosis							
L2-L3	0.969	77	-2.3	-	-	33.14	34.21	4.5	7.67	Image hot for diagnosis							
L2-L4	0.990	79	-2.1	-	-	53.59	54.14	4.7	11.55			Reference: Left Femur Tota	al		BMD	Young-Adult	
L3-L4	1.011	81	-2.0	-		38.83	38.39	4.9	7.77		BMD (g/cm	ř)	YA T-Score		(g/cm²)	T-Score	-
											1.25-			Neck Troch Total	0.957 0.933 1.056	-0.9 0.0 -0.3	



50 60 70 80 90 100

Age (years)

1.10 0.96 0.81 0.67 0.53 0.3

20 30 40

.5

NHANES (ages 20-30) / USA (ages 20-40) Femur Reference Population (v105) Statistically 68% of repeat scans fall within 1SD (± 0.012 g/cm<sup>2</sup> for Left Femur Total Mean)

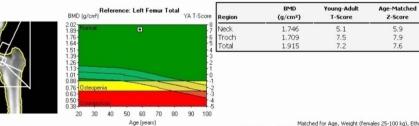
• If the patient does not wish to divulge their personal details, only T score and not Z score can be produced.

Height / Weight: Sex / Ethnic:	67.0 in. Female	180.0 lbs. White	Meas Analy		4/18/2006 4/18/2006	1:49:06 PM 1:53:06 PM	(9.30) (9.30)
	BMD (g	Reference: AP Spi g/cm²)	ine L1-L4 YA T-Score	Region	BMD (g/cm²)	Young-Adult T-Score	Age-Matched Z-Score
	2.26 2.14 2.02 1.90 1.78 1.66 1.54	ormal	9 87 65 4 3	L1 L2 L3 L4 L1-L4	1.914 2.169 2.308 2.131 2.139	6.5 8.1 9.2 7.8 8.0	7.0 8.6 9.7 8.3 8.5
L3 L4	2 26 N 2 02 1 90 1 90 1 54 1 42 1 30 1 42 1 30 1 18 1 30 1 18 1 30 1 18 1 30 0 94 0 70 0 58 20	steopenia Neoporogii 30 40 50 60	2 0 -2 -3 -2 -3 -5 70 80 90 100			for Ann Wainth / Farna	

Age (years)

Matched for Age, Weight (females 25-100 kg), Ethnic NHANES (ages 20-30) / USA (ages 20-40) AP Spine Reference Population (v105) Statistically 68% of repeat scans fall within 1SD (± 0.010 g/cm² for AP Spine L1-L4)

Image not for diagnosis



Matched for Age, Weight (females 25-100 kg), Ethnic NHANES (ages 20-30) / USA (ages 20-40) Femur Reference Population (v105) Statistically 68% of repeat scans fall within 15D (± 0.012 g/cm² for Left Femur Total Mean)

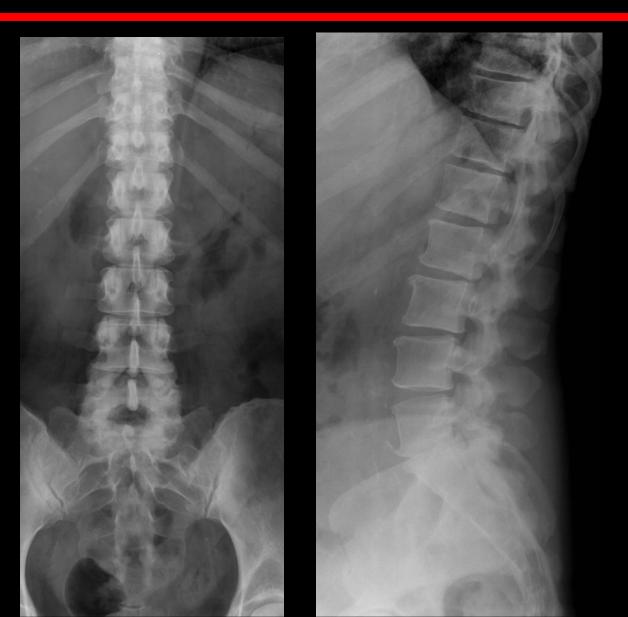
Image not for diagnosis

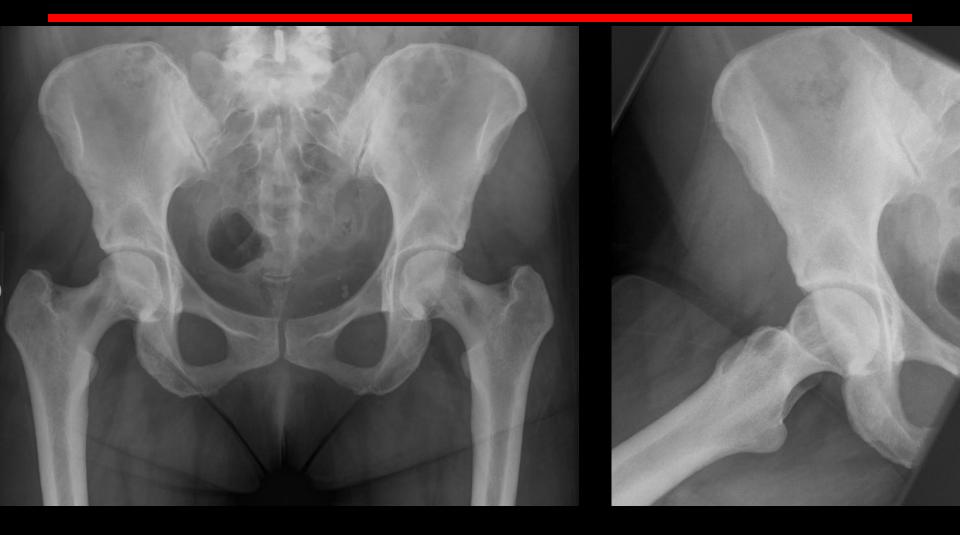
	BMD (g/cm <sup>2</sup> )	ence: Right F	emur Tota	YA T-So	ore Region	BMD (g/cm²)	Young-Adult T-Score	Age-Matched Z-Score
h	2.02 1.89 1.76 1.64 1.54				-6 Troch 5 Total	1.819 1.692 1.930	5.6 7.3 7.3	6.4 7.8 7.7
	1.51 1.26 1.13 1.01 0.76 0.76 0.50 0.63 0.50 0.38				-3 -2 -1 -0 -1 -2 -3 -3 -4 -5			

_					<i></i>		
	Height / Weight:	67.0 in.	180.0 lbs.	Measured:	4/18/2006	1:49:06 PM	(9.30)
	Sex / Ethnic:	Female	White	Analyzed:	4/18/2006	1:53:06 PM	(9.30)

#### ANCILLARY RESULTS [AP Spine]

Region	BMD (g/cm²)	Youn (%)	2 Ig-Adult T-Score	Age-l (%)	3 Matched Z-Score	BMC (g)	Area (cm²)	Width (cm)	Height (cm)
L1	1.914	169	6.5	179	7.0	20.80	10.87	3.7	2.94
L2	2.169	181	8.1	190	8.6	25.52	11.77	3.9	3.05
L3	2.308	192	9.2	203	9.7	30.06	13.02	4.1	3.15
L4	2.131	178	7.8	187	8.3	34.26	16.07	4.6	3.47
L1-L2	2.047	176	7.3	185	7.9	46.33	22.64	3.8	5.99
L1-L3	2.142	183	8.1	193	8.6	76.39	35.66	3.9	9.14
L1-L4	2.139	181	8.0	191	8.5	110.64	51.73	4.1	12.60
L2-L3	2.242	187	8.7	197	9.2	55.58	24.79	4.0	6.20
L2-L4	2.199	183	8.3	193	8.8	89.84	40.86	4.2	9.66
L3-L4	2.211	184	8.4	194	8.9	64.31	29.09	4.4	6.62





 Benign bone sclerosis such as Worth's disease or Van Buchem's, or a variant of osteopetrosis.

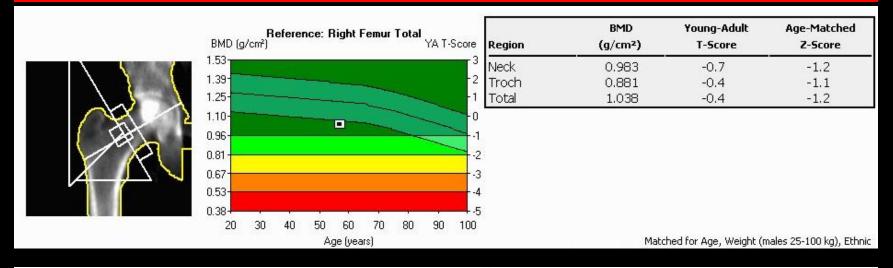
 Recommend repeat DEXA to check for spurious result.

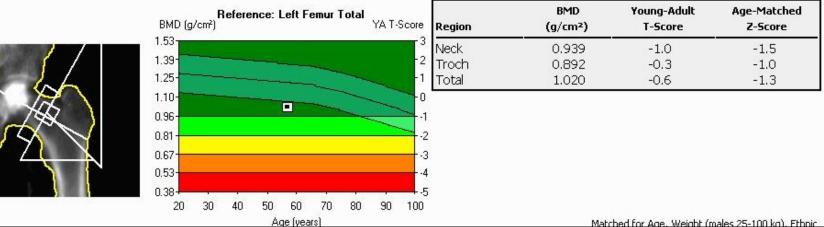
Birth Date: Height / Weight: Sex / Ethnic:	1/8/1945 64.5 years 68.0 in. 157.0 lbs. Male Hispanic	Referring Physiciar Measured: Analyzed:	n: KUO, ALEXAN 8/11/2009 8/11/2009	DER 9:38:21 AM 9:43:15 AM	(12.20) (12.20)
and the	AP Spine Bone Density	Densit BMD (g/cm²) 1.46	ometry Reference	r: <b>L1-L4</b> YA T-Sci	ore
	$\overline{\langle \mathbf{c} \rangle}$	1.34 -			-1 -0
L1		1.10			-1
L2	<u>}</u> ∎••}	0.98			
L3		0.74 0.62 20 30 4(	) 50 60 70	80 90 1	-4 +-5 00
L4	5 2		Age (years)		
	)• • {	BN Region (⊈/c			3 Matched Score
		L1 1.2 L2 1.3			1.1 1.2
	+ + +	L3 1.2	53 0.1		0.8
	2	L4 1.3 L1-L4 1.2			1.2 1.1

Birth Date: Height / Weight: Sex / Ethnic:	1/8/1945 64.5 years 68.0 in. 157.0 lbs. Male Hispanic	Referring Physicia Measured: Analyzed:	8/1	1	R :40:26 AM :44:59 AM	(12.20) (12.20)
Lef	ft Femur Bone Density	Densi BMD (g/cm²) 1.33 1.20 1.07 0.94 0.81 0.81 0.68 0.55 0.42 20 30 4	10 50	Reference: 1	YA T-Sc	-1 -0 -1 -2 -2 -3 -3 -4 -5
		1.2.2	1 MD cm²)	Young-Adu T-Score		3 -Matched !-Score
			318 330	-1.9 -1.9		-0.7 -1.2

# **Kyphoplasties**







## **Bilateral AVN hips**

#### **ANCILLARY RESULTS [Left Femur]**

	BMD	Your	2 Ig-Adult	Age-l	3 Matched	BMC	Area
tegion	(g/cm²)	(%)	T-Score	(%)	Z-Score	(g)	(cm²)
Neck	0.939	88	-1.0	83	-1.5	5.20	5.54
Upper Neck	0.782	86	-1.0	82	-1.3	2.13	2.73
Wards	0.694	72	-2.0	72	-2.0	2.36	3.40
Troch	0.892	96	-0.3	89	-1.0	16.88	18.91
Shaft	1.205	2	2 <u>2</u>	2	22	18.53	15.37
Total	1.020	93	-0.6	84	-1.3	40.61	39.82

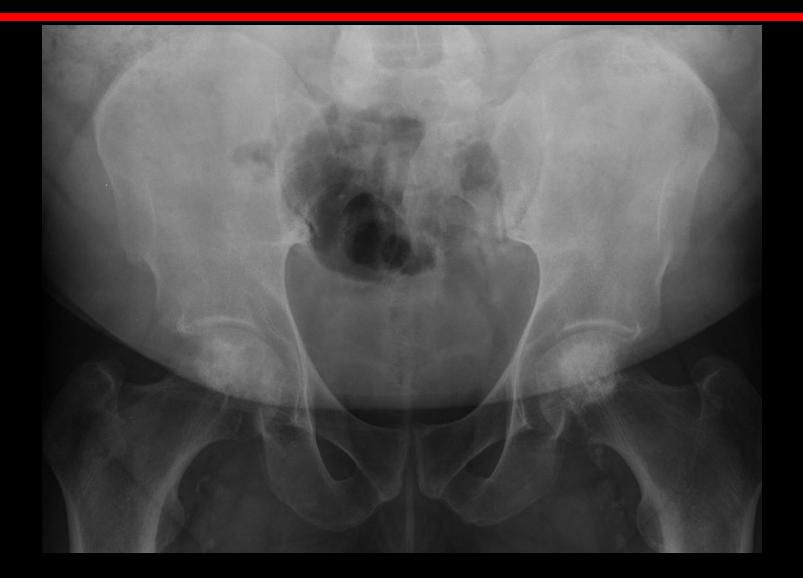
#### ANCILLARY RESULTS [Right Femur]

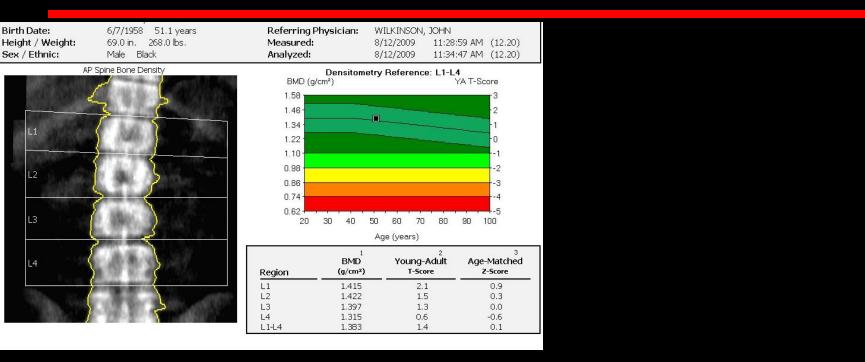
BMD	Youn	g-Adult	Age-l	3 Matched	BMC	Area
(g/cm²)	(%)	T-Score	(%)	Z-Score	(g)	(cm²)
0.983	92	-0.7	87	-1.2	5.38	5.47
0.879	96	-0.5	92	-0.6	2.36	2.68
0,761	79	-1.5	79	-1.5	2.53	3.33
0.881	95	-0.4	88	-1.1	15.29	17.35
1.239	2	2 <u>2</u>	2	2	18.61	15.02
1.038	94	-0.4	86	-1.2	39.29	37.85
	(g/cm <sup>2</sup> ) 0.983 0.879 0.761 0.881 1.239	(g/cm²) (%) 0.983 92 0.879 96 0.761 79 0.881 95 1.239 -	(g/cm²)         (%)         T-Score           0.983         92         -0.7           0.879         96         -0.3           0.761         79         -1.5           0.881         95         -0.4           1.239         -         -	(g/cm²)         (%)         T-score         (%)           0.983         92         -0.7         87           0.879         96         -0.3         92           0.761         79         -1.5         79           0.881         95         -0.4         88           1.239         -         -         -	(g/cm²)         (%)         T-5core         (%)         Z-5core           0.983         92         -0.7         87         -1.2           0.879         96         -0.3         92         -0.6           0.761         79         -1.5         79         -1.5           0.881         95         -0.4         88         -1.1           1.239         -         -         -         -	(g/cm²)         (%)         T-Score         (%)         2-Score         (g)           0.983         92         -0.7         87         -1.2         5.38           0.879         96         -0.5         92         -0.6         2.36           0.761         79         -1.5         79         -1.5         2.53           0.881         95         -0.4         88         -1.1         15.29           1.239         -         -         -         18.61

#### ANCILLARY RESULTS [AP Spine]

Decien	BMD (m (m 2)		ig-Adult		3 Matched	BMC	Area	Width	Height
Region	(g/cm²)	(%)	T-Score	(%)	Z-Score	(g)	(cm²)	(cm)	(cm)
L1	0.891	77	-2.2	71	-3.0	12.90	14.47	4.5	3.19
L2	0.851	69	-3.2	63	-4.1	13.07	15.35	4.5	3.39
L3	1.056	85	-1.5	79	-2.4	18.17	17.21	5.0	3.41
L4	0.905	73	-2.8	67	-3.6	14.98	16.55	5.5	3.00
L1-L2	0.871	73	-2.7	67	-3.6	25.96	29.83	4.5	6.57
L1-L3	0.938	78	-2.3	72	-3.1	44.14	47.03	4.7	9.98
L1-L4	0.930	76	-2.4	70	-3.3	59.12	63.58	4.9	12.98
L2-L3	0.959	77	-Z.3	72	-3.2	31.24	32.56	4.8	6.80
L2-L4	0.941	76	-2.5	70	-3.3	46.22	49.11	5.0	9.79
L3-L4	0.982	79	-2.1	73	-3.0	33.15	33.75	5.3	6.41

## **Bilateral AVN hips**

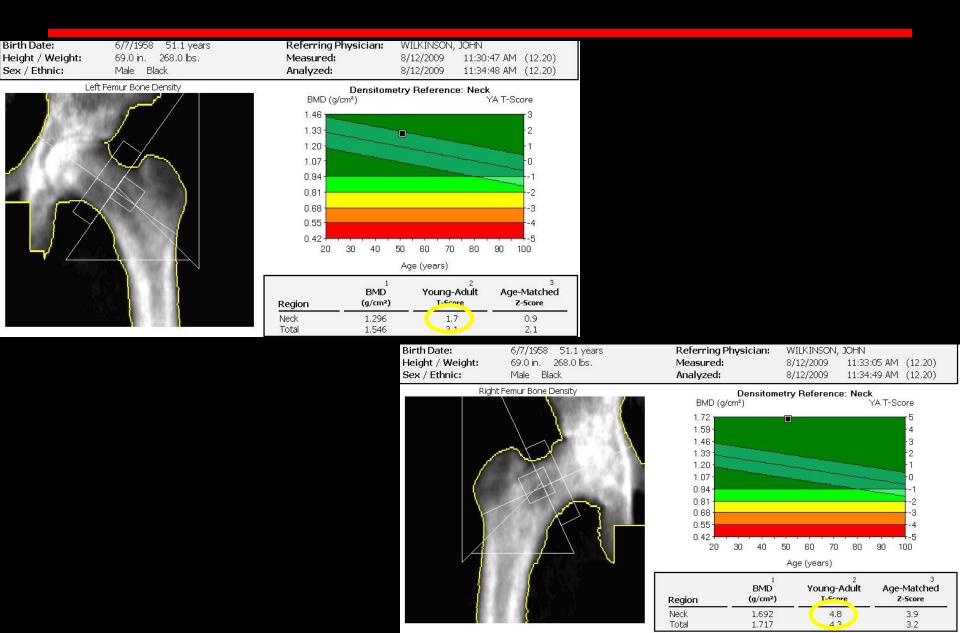




Birth Date:	6/7/1958 51.1 years	Referring Physician:	WILKINSON, .	JOHN
Height / Weight:	69.0 in. 268.0 lbs.	Measured:	8/12/2009	11:28:59 AM (12.20)
Sex / Ethnic:	Male Black	Analyzed:	8/12/2009	11:34:47 AM (12.20)

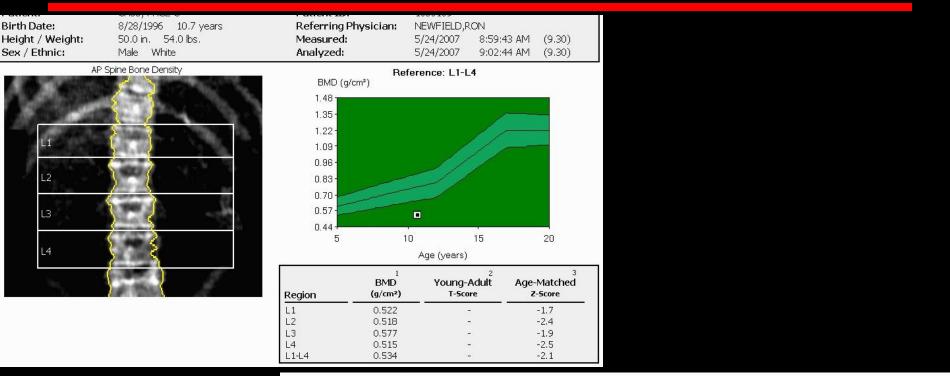
#### ANCILLARY RESULTS [AP Spine]

Region	BMD (g/cm²)	Your (%)	2 Ig-Adult T-Score	Age-l (%)	3 Matched <b>Z-Score</b>	BMC (g)	Area (cm²)	Width (cm)	Height (cm)
L1	1,415	122	2.1	108	0.9	18.47	13.06	4.3	3.01
L2	1.422	115	1.5	102	0.3	21.10	14.84	4.4	3.41
L3	1.397	113	1.3	100	0.0	20.66	14.79	4.5	3.28
L4	1.315	106	0.6	95	-0.6	22.68	17.25	4.8	3.61
L1-L2	1.419	118	1.8	105	0.6	39.57	27.89	4.3	6.42
L1-L3	1.411	117	17	104	0.4	60.23	42.69	4.4	9.70
L1-L4	1.383	113	1.4	101	0.1	82.92	59,94	4.5	13.31
L2-L3	1.409	114	1.1	101	0.2	41.76	29.63	4.4	6.69
L2-L4	1.375	111	1.1	99	-0.1	64.45	46.88	4.5	10.30
L3-L4	1.353	109	0.9	97	-0.3	43.35	32.04	4.6	6 89





## 13M - 2007



#### ANCILLARY RESULTS [AP Spine]

Region	1 BMD (g/cm²)	Youn (%)	2 Ig-Adult T-Score	Age-l (%)	3 Matched Z-Score	BMC (g)	Area (cm²)	Width (cm)	Height (cm)
L1	0.522	( <del>-</del> )	-	74	-1.7	3.01	5.77	2.5	2.34
L2	0.518	6 <del></del> .6	65 <del></del> 68	66	-2.4	3.26	6.28	2.5	2.53
L3	0.577	120	13 <u>1</u> 5	74	-1.9	4.19	7.26	2.8	2.59
L4	0.515	( <del>-</del> ))	(3 <del>4</del> 3)	66	-2.5	4.13	8.03	3.0	2.66
L1-L2	0.520	2 <del>.7</del> 43	2774	70	-2.1	6.27	12.05	2.5	4.87
L1-L3	0.542	120	1223	72	-1.9	10.46	19.31	2.6	7.46
L1-L4	0.534	( <del>-</del> ))	(2 <del>4</del> 3)	70	-2.1	14.59	27.34	2.7	10.12
L2-L3	0.550	-		70	-2.1	7.44	13.54	2.6	5.12
L2-L4	0.537	120	821	69	-2.3	11.58	21.57	2.8	7.78
L3-L4	0.544	( <del>_</del> ))	(1 <del>4</del> 1)	70	-2.2	8.32	15.29	2.9	5.25

## 13M - 2010

Birth Date: Height / Weight: Sex / Ethnic:	8/28/1996 13 years 5 months 54.0 in. 66.0 lbs. Male White	Referring P Measured: Analyzed:	2,	EWFIELD,R /10/2010 /10/2010	ON 8:46:55 AM 8:52:27 AM	(12.20) (12.20)
AP Sp	Dine Bone Density Trend	Densitometry Re BMD (g/cm²)	eference: L1-L AM Z-Scor	4 Ti e BMD (	rend: L1-L4 (2 g/cm²)	Z-Score) AM Z-Score
		1.50		1.50		
Li S		1.36		1.36		
		1.22		1.22		
		1.08	11	1 1.08		1
L2		0.94		0.94		0
		0.80	,∎/	0.80	_	
5		0.66		0.66		and the second s
L3 🔶		0.52		0.52		
	and the second	and the state of t				
L4	<u>_</u>	0.38	2 14 16 18 20	0.38 <del> </del> 10	11 12	13 14
		Age	(years)		Age (yea	ars)
2		Region	1 BMD (g/cm²)	Age-Ma Z-Sci		
		L1	0.900	0.	3	
		L2	0.857	-0.		
		L3	0.894	-0.		
		L4	0.889	-0.		
		L1-L4	0.885	-0.	3	

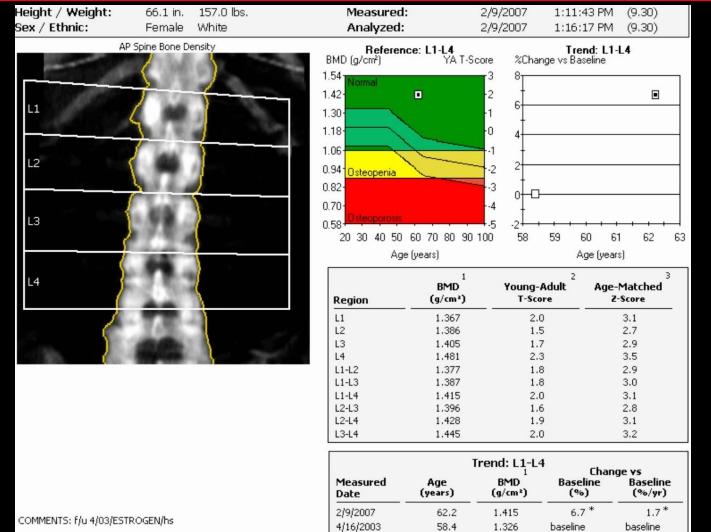
	1	rend: L1-L4 2,3	Change vs			
Measured Date	Age (years)	Z-Score	Previous	Previous (%)		
2/10/2010	13.4	-0.3	1.8	85.7		
5/24/2007	10.7	-2.1	-	-		

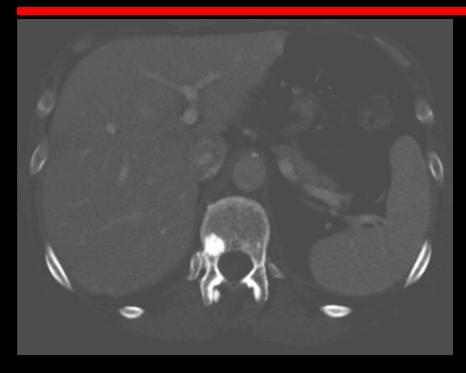
COMMENTS: COMPARE TO PREVIOUS. THIS WAS THE THIRD ATTEMPT TO SCAN THIS PATIENT, MOTION ON THE FIRST TWO SCANS.

#### ANCILLARY RESULTS [AP Spine]

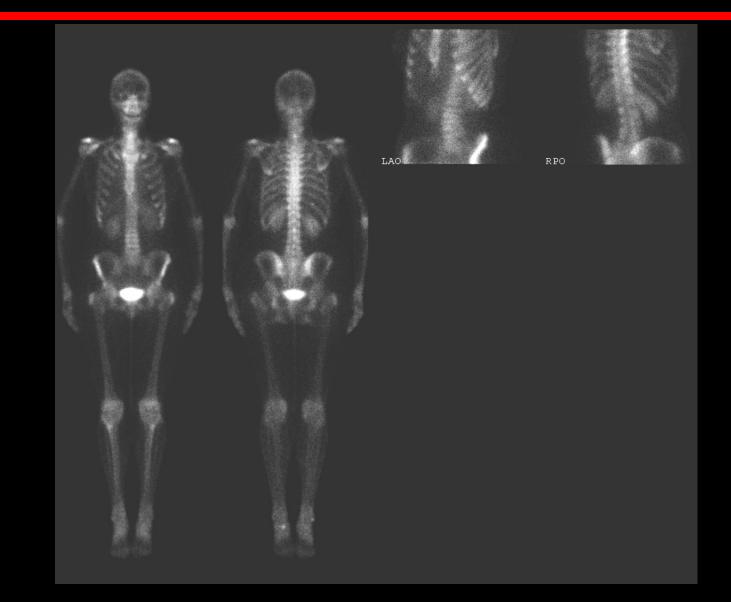
Region	1 BMD (g/cm²)	Youn (%)	2 Ig-Adult T-Score	Age-l (%)	3 Matched Z-Score	BMC (g)	Area (cm²)	Width (cm)	Height (cm)
		(	1-30016			Contraction Contraction	-		
L1	0.900	-	-	105	0.3	7.58	8.42	3.0	2.83
L2	0.857	( <del></del> ))	-	91	-0.6	7.85	9.16	3.2	2.91
L3	0.894	-	120	95	-0.3	9.13	10.21	3.5	2.88
L4	0.889	-	-	95	-0.4	9.74	10.95	3.6	3.04
L1-L2	0.877	-	100	98	-0.2	15.43	17.59	3.1	5.73
L1-L3	0.884	-	12	97	-0.2	24.56	27.79	3.2	8.62
L1-L4	0.885	-	-	96	-0.3	34.29	38.74	3.3	11.66
L2-L3	0.877			93	-0.5	16.98	19.37	3.3	5.79
L2-L4	0.881	727	823	94	-0.4	26.72	30.32	3.4	8.83
L3-L4	0.891	-		95	-0.4	18.86	21.16	3.6	5.93

#### Unknown neurologic disorder DEXA 13M









MDP

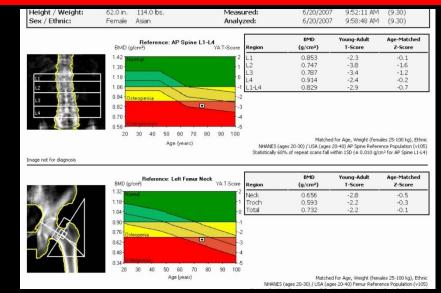
# Report

Benign sclerotic lesion L1

• Levels may be incorrect.

1

# **New Case**



Height / Weight:	62.0 in.	114.0 lbs.	Measured:	6/20/2007	9:52:11 AM	(9.30)
Sex / Ethnic:	Female	Asian	Analyzed:	6/20/2007	9:58:48 AM	(9.30)

### ANCILLARY RESULTS [AP Spine]

Region	1 BMD (g/cm²)	Youn (%)	2 Ig-Adult T-Score	Age-l (%)	3 Matched Z-Score	BMC (g)	Area (cm²)	Width (cm)	Height (cm)
L1	0.853	75	-2.3	99	-0.1	5.35	6.28	3.8	1.67
L2	0.747	62	-3.8	80	-1.6	6.75	9.04	3.4	2.63
L3	0.787	66	-3.4	84	-1.2	9.74	12.38	3.9	3.14
L4	0.914	76	-2.4	98	-0.2	11.82	12.92	4.8	2.68
L1-L2	0.790	68	-3.1	88	-0.9	12.10	15.32	3.6	4.30
11-13	0.780	67	-3.2	87	-1.0	21.85	27.69	3.7	7.44
L1-L4	0.829	70	-2.9	91	-0.7	33.66	40.62	4.0	10.12
L2-L3	0.770	64	-3.6	82	-1.4	16.49	21.42	3.7	5.77
L2-L4	0.824	69	-3.1	88	-0.9	28.31	34.34	4.1	8.44
L3-L4	0.852	71	-2.9	91	-0.7	21.56	25.30	4.4	5.82

Height / Weight:	62.0 in.	114.0 lbs.	Measured:	6/20/2007	9:52:11 AM	(9.30)
Sex / Ethnic:	Female	Asian	Analyzed:	6/20/2007	9:58:48 AM	(9.30)

76

75

	%Char	nge vs Prev	Trend:	L1-L4	
11	6				
	2				
	-2				
	-4 + 71	72	73	74	1
			Age (v	/ears)	

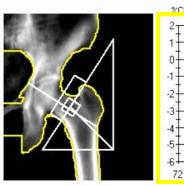
		Trend: L1-L4		
Measured Date	Age (years)	BMD (g/cm²)	Chan Previous (g/cm²)	ige vs Previous (%)
6/20/2007	75.9	0.829	-0.002	-0.2
9/27/2005	74.2	0.830	-0.012	-1.5
8/12/2004	73.1	0.843	0.038	4.7
9/30/2003	72.2	0.805	-0.025	-3.0
8/20/2002	71.1	0.830	-	-

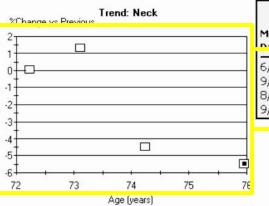
Age (years)

Matched for Age, Weight (females 25-100 kg), Ethnic NHANES (ages 20-30) / USA (ages 20-40) AP Spine Reference Population (v105) Statistically 68% of repeat scans fall within 1SD (± 0.010 g/cm<sup>2</sup> for AP Spine L1-L4)

Image not for diagnosis

L1 L2 L3





		Trend: Neck		
Measured Date	Age (years)	BMD (g/cm²)	Char Previous (g/cm²)	nge vs Previous (%)
6/20/2007	75.9	0.656	-0.038	-5.5
9/27/2005	74.2	0.694	-0.033	-4.5
8/12/2004	73.1	0.726	0.009	1.3
9/30/2003	72.2	0.717	-	-

Matched for Age, Weight (females 25-100 kg), Ethnic NHANES (ages 20-30) / USA (ages 20-40) Femur Reference Population (v105) Statistically 68% of repeat scans fall within 15D ( $\pm$  0.014 g/cm<sup>2</sup> for Left Femur Neck)

# Report

• When a vertebrae collapses, initially it will be of higher density.

1

# **New Case**

Height / Weight: 66.0 in. 137.0 lbs. Measured: 11/21/2006 4:19:22 PM (9.30)Sex / Ethnic: Female White Analyzed: 11/21/2006 4:35:45 PM (9.30)BMD Young-Adult Age-Matched Reference: AP Spine L1-L4 BMD (g/cm<sup>2</sup>) YA T-Score Region T-Score  $(g/cm^2)$ Z-Score L1 0.813 -2.6 -1.0 1.42 L2 0.793 -3.4 -1.7 1.30 1 L3 0.878 -2.7 -1.0 0 1.18 L4 0.963 -2.0 -0.3 1.06 L1-L4 0.867 -2.6 -0.9 0.94 -2 steopenia -3 0.82 0.70 -4 0.58 -5 20 30 60 70 80 90 100 40 50 Matched for Age, Weight (females 25-100 kg), Ethnic Age (years) NHANES (ages 20-30) / USA (ages 20-40) AP Spine Reference Population (v105) Statistically 68% of repeat scans fall within 1SD (± 0.010 g/cm<sup>2</sup> for AP Spine L1-L4) Image not for diagnosis Reference: Right Femur Neck YA T-Score BMD Young-Adult Age-Matched BMD (g/cm²) Region  $(g/cm^2)$ T-Score Z-Score 1.32 Neck 0.811 -1.6 -0.1 Troch 1 18 0.697 -1.3 -0.1 Total 0.831 -1.4 -0.2 1.04 0.90 0.76 .2 steopen 0.62 .3 0.48 0.34 -5 20 30 40 50 60 70 80 90 100 Age (years) Matched for Age, Weight (females 25-100 kg), Ethnic NHANES (ages 20-30) / USA (ages 20-40) Femur Reference Population (v105) Height / Weight: 66.0 in. 137.0 lbs. Measured: 11/21/2006 4:19:22 PM (9.30)Sex / Ethnic: Female White Analyzed: 11/21/2006 4:35:45 PM (9.30)**ANCILLARY RESULTS [AP Spine]** BMD Young-Adult Age-Matched BMC Area Width Height Region (g/cm<sup>2</sup>) (%) T-Score (%) Z-Score (g) (cm<sup>2</sup>) (cm) (cm) L1 0.813 72 -2.6 87 -1.0 9.21 11.34 3.9 2.93 L2 0.793 66 -3.4 79 -1.7 9.86 12.42 3.8 3.30 L3 0.878 73 -2.7 88 -1.0 11.56 13.17 3.8 3.47 L4 0.963 80 -2.0 96 -0.3 14.14 14.69 4.0 3.65

L1-L2

L1-L3

L1-L4

L2-L3

L2-L4

L3-L4

0.803

0.829

0.867

0.837

0.883

0.923

69

71

73

70

74

77

-3.0

-2.8

-2.6

-3.0

-2.6

-2.3

83

85

88

84

88

92

-1.4

-1.2

-0.9

-1.4

-1.0

-0.6

19.07

30.63

44.77

21.42

35.56

25.70

23.76

36.93

51.63

25.59

40.29

27.86

3.8

3.8

3.9

3.8

3.9

3.9

6.24

9.71

13.36

6.77

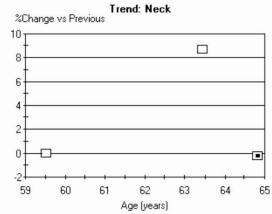
10.43

7.13

Height / Weight: Sex / Ethnic:	66.0 in. 137.0 lbs. Female White	Meas Analy	ured: /zed:				(9.30) (9.30)
	Trend: L1- %Change vs Previous 2		Measured Date	Age (years)	Trend: L1-L4 BMD (g/cm²)		nge vs Previous (%)
			11/21/2006 7/6/2005 8/2/2001	64.8 63.4 59.5	0.867 0.951 0.947	-0.084 0.004 -	-8.8 0.4 -
L3		• • • • • • • • • • • • • • • • • • •					
	Age (yea						25-100 kg), Ethnic Population (v105)

Statistically 68% of repeat scans fall within 15D ( $\pm$  0.010 g/cm<sup>2</sup> for AP Spine L1-L4)

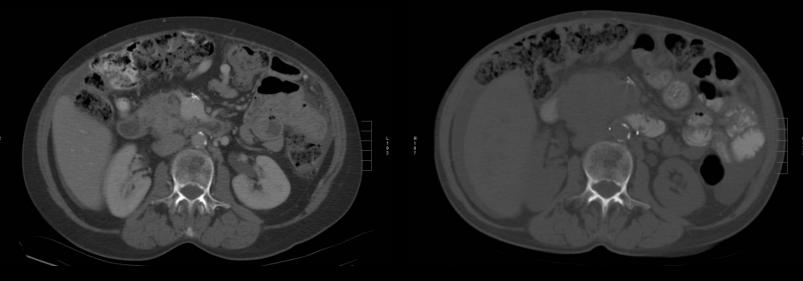
Image not for diagnosis



		Trend: Neck		
			Char	ige <del>vs</del>
Measured Date	Age (years)	BMD (g/cm²)	Previous (g/cm²)	Previous (%)
11/21/2006	64.8	0.811	-0.002	-0.2
7/6/2005	63.4	0.813	0.065	8.7
8/2/2001	59.5	0.748	-	-

Matched for Age, Weight (females 25-100 kg), Ethnic





1Y prior

2m prior

# Report

 Look out for vertebrae with a different and unaccountable bone density, either higher or lower.

1

# New Case

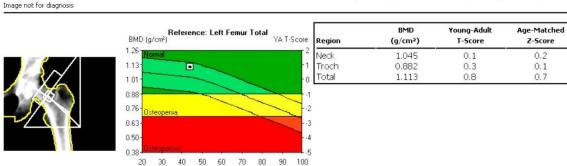
Height / Weight: Sex / Ethnic:	62.0 in. Female	182.0 lbs. Hispanic		Measure Analyzed		7/5/2006 7/5/2006	1:54:04 PM 1:59:06 PM	(9.30) (9.30)
	BMD (	Reference: AP	Spine L1-L4 YA T	-Score Re	gion	BMD (g/cm²)	Young-Adult T-Score	Age-Matched Z-Score
L1 L2	1.42 1.30 1.18	ormal		<sup>3</sup> L1 2 L2 1 L3 0 L4 L1		1.118 1.203 1.088 1.157 1.141	-0.1 0.0 -0.9 -0.4 -0.3	-0.7 -0.6 -1.5 -0.9 -0.9
L3 L4	0.82 - 0.70 -	steopenia steoporoșis		-1 -2 -3 -4				
	20	30 40 50 6 Age(j		100	NHANES (a	Matched ages 20-30) / USA (ages 2	for Age, Weight (femal 20-40) AP Spine Referer	

NHANES (ages 20-30) / USA (ages 20-40) AP Spine Reference Population (v105) Statistically 68% of repeat scans fall within 1SD (± 0.010 g/cm<sup>2</sup> for AP Spine L1-L4)

0.2

0.1

0.7

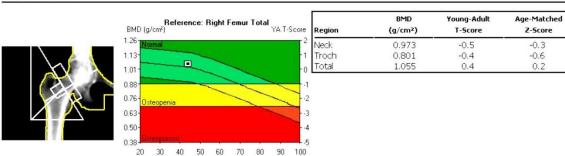


Age (years)

Age (years)

100 Matched for Age, Weight (females 25-100 kg), Ethnic NHANES (ages 20-30) / USA (ages 20-40) Femur Reference Population (v105) Statistically 68% of repeat scans fall within 1SD (± 0.012 g/cm<sup>2</sup> for Left Femur Total Mean)





Matched for Age, Weight (females 25-100 kg), Ethnic

Height / Weight: Sex / Ethnic:		182.0 lbs Hispanic	he .		Measu Analyz		7/5/2006 7/5/2006	1:54:04 PM 1:59:06 PM	(9.30) (9.30)
ANCILLARY RE	SULTS [A	P Spir	ne]						
Region	1 BMD (g/cm²)	Youn (%)	2 ng-Adult T-Score	Age-N (%)	3 Matched Z-Score	BMC (g)	Area (cm²)	Width (cm)	Height (cm)
L1	1.118	99	-0.1	93	-0.7	12.24	10.94	3.7	2.97
L2	1.203	100	0.0	95	-0.6	14.42	11.99	3.7	3.26
L3	1.088	91	-0.9	86	-1.5	14.02	12.88	3.7	3.44
L4	1.157	96	-0.4	91	-0.9	14.55	12.57	4.1	3.05
L1-L2	1.162	100	0.0	94	-0.6	26.66	22.93	3.7	6.22
11-13	1 126	97	0.2	92	0.0	40.68	35.82	3.7	9.66
L1-L4	1.141	97	-0.3	91	-0.9	55.23	48.39	3.8	12.71
L2-L3	1.144	95	-0.5	90	-1.1	28.44	24.87	3.7	6.69
L2-L4	1.148	96	-0.4	90	-1.0	42.99	37.45	3.9	9.74
L3-L4	1.122	94	-0.6	88	-1.2	28.57	25.46	3.9	6.48

Height / Weight:	62.0 in.	182.0 lbs.	Measured:	7/5/2006	1:57:23 PM	(9.30)
Sex / Ethnic:	Female	Hispanic	Analyzed:	7/5/2006	1:58:45 PM	(9.30)

### ANCILLARY RESULTS [Left Femur]

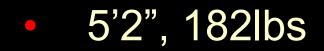
	BMD	Your	ig-Adult	Age-N	<sup>3</sup> Matched	BMC	Area
aion	(g/cm²)	(%)	T-Score	(%)	Z-Score	(g)	(cm²)
Neck	1.045	101	0.1	103	0.2	3.96	3.79
opportation	0.003	100	0.0	105	0.1	1.65	1.86
Wards	0.890	98	-0.2	98	-0.1	1.42	1.60
Troch	0.882	104	0.3	102	0.1	9.66	10.95
Shaft	1.321	-	-	-	-	17.67	13.37
Total	1.113	110	0.8	108	0.7	31.30	28.12

Height / Weight:	62.0 in.	182.0 lbs.	Measured:	7/5/2006	1:58:07 PM	(9.30)
Sex / Ethnic:	Female	Hispanic	Analyzed:	7/5/2006	1:58:48 PM	(9.30)

### ANCILLARY RESULTS [Right Femur]

	BMD	Youn	2 ig-Adult	Age-I	3 Matched	BMC	Area
eaion	(a/cm²)	(%)	T-Score	(%)	Z-Score	(g)	(cm²)
Neck	0.973	94	-0.5	96	-0.3	5.20	5.34
opper neck	0.002	107	0.5	104	0.5	2.31	2.62
Wards	0.990	109	0.6	109	0.6	3.14	3.17
Troch	0.801	94	-0.4	92	-0.6	8.35	10.43
Shaft	1.284	-	-	-	-	17.35	13.51
Total	1.055	105	0.4	103	0.2	30.90	29.28





# New Case

Height / Weight: Sex / Ethnic:	65.0 in. Female	125.0 lbs. Asian		easured: ialyzed:	7/5/2006 7/5/2006	11:21:26 A 11:29:36 A	
	BMD (	Reference: Al g/cm <sup>2</sup> )	P Spine L1-L4 YA T-So	core Region	BMD (g/cm²)	Young-Adult T-Score	Age-Matched Z-Score
	1.42	ormal		2 L1	0.929	-1.7	-0.5
L1 🕴 🚺	1.30			-1 L2	0.969 1.077	-1.9 -1.0	-0.8 0.1
L2	1.18			0 L4	0.926	-2.3	-1.2
	1.06			-1 L1-L4	0.975	-1.7	-0.6
L3	0.94 0	steopenia		-2			
L4	0.82			3			
	0.70 -			-4			
	0.58	steoporoșis		-5			
	20	30 40 50	60 70 80 90	100	Makakar		
		Age	(years)	NHA	Matched ANES (ages 20-30) / USA (ages		nales 25-100 kg), Ethn rence Population (v105

Statistically 68% of repeat scans fall within 15D (± 0.010 g/cm<sup>2</sup> for AP Spine L1-L4)

Image not for diagnosis

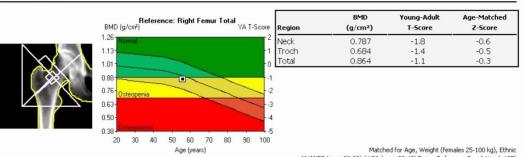
Reference: Left Fe BMD (g/cm²)	emur Total YA T-Score Region	BMD (g/cm²)	Young-Adult T-Score	Age-Matched Z-Score
1.26 Normal	<sup>2</sup> Neck	0.759	-2.0	-0.8
1.13	-1 Troch -0 Total	0.689 0.831	-1.4 -1.4	-0.4 -0.5
0.88	-1			
0.76 <sup>-</sup> Osteopenia	-2			
0.63-	3			
0.50- 0.38-Disteoporosis	-4			
20 30 40 50 60	70 80 90 100			

Age (years)

Matched for Age, Weight (females 25-100 kg), Ethnic NHANES (ages 20-30) / USA (ages 20-40) Femur Reference Population (v105)

Statistically 68% of repeat scans fall within 1SD (± 0.012 g/cm<sup>2</sup> for Left Femur Total Mean)

Image not for diagnosis



# Report

Height / Weight: Sex / Ethnic:		125.0 lbs Asian			Meası Analy		7/5/2006 7/5/2006	11:21:26 AM 11:29:36 AM		
ANCILLARY RESULTS [AP Spine]										
Region	BMD (g/cm²)	Youn (%)	2 Ig-Adult T-Score	Age-N (%)	3 Matched Z-Score	BMC (g)	Area (cm²)	Width (cm)	Height (cm)	
L1	0.929	82	-1.7	93	-0.5	11.34	12.21	3.9	3.16	
L2	0.969	81	-1.9	91	-0.8	12.51	12.90	3.9	3.28	
L3	1.077	90	-1.0	101	0.1	15.96	14.81	4.5	3.28	
L4	0.926	77	-2.3	87	-1.2	16.67	18.00	4.9	3.68	
L1-L2	0.950	82	-1.8	92	-0.7	23.85	25.11	3.9	6.44	
L1-L3	0.997	85	-1.4	96	-0.3	39.81	39.92	4.1	9.72	
L1-L4	0.975	83	-1.7	93	-0.6	56.48	57.93	4.3	13.40	
L2-L3	1.027	86	-1.4	96	-0.3	28.47	27.72	4.2	6.56	
L2-L4	0.987	82	-1.8	93	-0.6	45.13	45.72	4.4	10.24	
L3-L4	0,994	83	-1.7	93	-0.6	32.63	32.82	4.7	6.96	

Height / Weight:	65.0 in.	125.0 lbs.	Measured:	7/5/2006	11:23:10 AM (9.30)
Sex / Ethnic:	Female	Asian	Analyzed:	7/5/2006	11:26:42 AM (9.30)

### ANCILLARY RESULTS [Left Femur]

	BMD <sup>1</sup>	Your	2 ng-Adult	Age-l	3 Matched	BMC	Area
Region	(g/cm²)	(%)	T-Score	(%)	Z-Score	(g)	(cm²)
Neck	0.759	73	-2.0	87	-0.8	3.70	4.87
Upper Neck	0.581	71	-2.0	84	-0.9	1.41	2.42
Wards	0.659	72	-1.9	92	-0.5	1.74	2.63
Troch	0.689	81	-1.4	93	-0.4	6.61	9.60
Shaft	0.941	-	-	-	-	14.61	15.52
Total	0.831	82	-1.4	93	-0.5	24.91	29.98

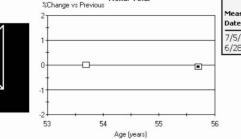
Height / Weight:	65.0 in.	125.0 lbs.	Measured:	7/5/2006	11:24:05 AM (9.30)	Г
Sex / Ethnic:	Female	Asian	Analyzed:	7/5/2006	11:26:44 AM (9.30)	

### ANCILLARY RESULTS [Right Femur]

1

	BMD 1	2 Young-Adult		3 Age-Matched		BMC	Area
Region	(g/cm²)	(%)	T-Score	(%)	Z-Score	(g)	(cm²)
Neck	0.787	76	-1.8	91	-0.6	3.74	4.75
Upper Neck	0.636	77	-1.5	92	-0.5	1.49	2.35
Wards	0.706	78	-1.6	98	-0.1	1.77	2.51
Troch	0.684	80	-1.4	93	-0.5	6.58	9.62
Shaft	1.003	-	-	-	-	15.16	15.11
Total	0.864	86	-1.1	96	-0.3	25.47	29.48

Height / Weight: Sex / Ethnic:	65.0 in. Female			asured: alyzed:			l1:21:26 AM ( l1:29:36 AM (	· · ·
	%Chan	Trend: L1-I ange vs Previous	-1.4	Measured Date	Age (years)	Trend: L1-L4 BMD (g/cm²)		ange vs Previous (%)
L1 L2 L3 L4	-1 -2 -53	54 Age (years			ages 20-30) / US/	5A (ages 20-40) Al	AP Spine Reference	1.1 - s 25-100 kg), Ethnic e Population (v105) for AP Spine L1-4)
Image not for diagnosis		Trend: Tota				Trend: Tota	al	



Trend: Total								
			Char	ige vs				
Measured Date	Age (years)	BMD (g/cm²)	Previous (g/cm²)	Previous (%)				
7/5/2006	55.7	0.831	-0.001	-0.1				
6/28/2004	53.6	0.832	-	-				

Matched for Age, Weight (females 25-100 kg), Ethnic NHANE5 (ages 20-30) / USA (ages 20-40) Femur Reference Population (v105) Statistically 68% of repeat scans fall within 150 (± 0.012 g/cm² for Left Femur Total Mean)

Change vs

Previous

(%)

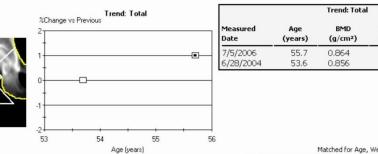
1.0

Previous

(g/cm²)

0.008

Image not for diagnosis



Matched for Age, Weight (females 25-100 kg), Ethnic NHANES (ages 20-30) / USA (ages 20-40) Femur Reference Population (v105) Statistically 68% of repeat scans fall within 150 (± 0.012 q/cm² for Right Femur Total Mean)



# Good response to Rx

1

Current Medical Problems: Cece be	1 Kalsx
Spine Scolipsis.	
Reason for Bone Density Assessment? Current Medications: Regian	UTRID
* Do you smake? Y N For how long?_	How many per day?
* Do you drink alcohol regularly? Y (N) It	fyes, drinks per day?
* Dietary Calcium? High Low * Supplemental Calcium? (Y) N	Imy twice a day mg/day
* Irregular periods? Y (N) * Hysterectomy? Y (N) * Ovaries removed? Y (N)	imenopausal Postmenopausal
* Are you taking: Birth control pills? Y	Hormone replacement? Y (N) HL SWUIL OCCULT FY
Any non-trauma related fractures? Hip Soin	
	en?
	en?
	en?
	an?
Known Bowel disease? Y OP Whe	
Other major diseases? Y Whe	ж?
Do you have any of the following?	
Heart disease? Y (N)	
Hypertension? Y N	
Hypertityroidism? Y	
Hypothyroidism? Y	
Have you taken?	
71	r long?
	/ long?
	/ long?
	long?
Miacalcin Calcimar Fosamax Ralocifene(Evista	tong:
for the treatment of Osteoporosis?	
are a catalient of Osteoporosis?	
HAVE OTHERS IN YOUR FAMILY HAD:	Alias Name:

Birth Date: Height / Weight: Sex / Ethnic:	9/13/1997 8.9 years 48.0 in. 53.0 lbs. Female Hispanic	Referring Physic Measured: Analyzed:	ian: SIMONE,ER 8/22/2006 8/22/2006	IC 2:59:12 F 3:31:58 F	
Aj	P Spine Bone Density	PMO (alami)	Reference: L1-	L4	
S. 186.20	and the second se	BMD (g/cm <sup>2</sup> )			
1.00 B		1.43			
C 100 C 2	Carlos Carlos Carlos	1.30			
1000		1.18-			
C. Landson		1.06 -	11		
31 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		0.93 -			
Landset Street	11	0.81 -			
		0.68			
		0.56			
		0.44 -			
		0.31			
		5	10	15	20
			Age (years)	)	
1 1			1 3MD Young-	2 Adult d	3 Age-Matched
			/cm²) Young- /cm²) T-Sc		Z-Score
			.357	-	-3.1
		L2 0	408		-3.3
			.418	-	-3.2
			.322		-4.3
		L1-L4 0	.375	-	-3.5

#### COMMENTS:

Image not for diagnosis	1 - Statistically 68% of repeat scans fall within 1SD (± 0.010 g/cm <sup>2</sup> for AP Spine L1-L4)
Printed: 8/22/2006 3:32:12 PM (9:30)76:0.75:50.00:12.0 0.00:5.82 0.60:1.05 13.0%Het=25.2% 0.00:0.00 0.00:0.00 Filename: ved?4yc53.dfs Scan Mode: Thm 9.0.µGy	2 - NH4MESJUSA AP Spine Reference Population (v105) 3 - Matched for Age, Ethnic

**GE Healthcare** W 255 : L 127 Lunar Prodigy DF+15771

#### EON, VALERIA MELLISA, 008Y F

2228375 ACC#2731534

## Bone Density Diagnostic Cent

MIXEDD 03/22/200 14:59:1

## Bone Density Diagnostic Center Dept. of Radiology, UCSD Medical Center 330 Lewis Street, Suite 202 San Diego, CA 92103

Patient:	LEON, VALERIA M	Patient ID:	2228375		
Birth Date:	9/13/1997 8.9 years	Referring Physician:	SIMONE, ERI	С	
Height / Weight:	48.0 in. 53.0 bs.	Measured:	8/22/2006	2:59:12 PM	(9.30)
Sex / Ethnic:	Female Hispanic	Analyzed:	8/22/2006	3:31:58 PM	(9.30)

#### ANCILLARY RESULTS [AP Spine]

	BMD <sup>1</sup>	Your	2 ng-Adult	Age-	3 Matched	BMC	Area	Width	Height
Region	(g/cm²)	(%)	T-Score	(%)	Z-Score	(g)	(cm²)	(cm)	(cm)
L1	0.357			55	-3.1	2.85	7.99	4.1	1.94
L2	0.408	-		56	-3.3	3.96	9.71	2.5	3.83
L3	0.418	-	-	58	-3.2	2.66	6.37	2.3	2.73
L4	0.322	-	1.00	44	-4.3	2.65	8.24	2.4	3.38
L1-L2	0.385			57	-3.1	6.81	17.70	3.3	5.77
L1-L3	0.394		-	57	-3.2	9.47	24.07	3.0	8.50
L1-L4	0.375	12	-	53	-3.5	12.12	32.30	2.9	11.88
L2-L3	0.412	-	-	57	-3.3	6.62	16.08	2.4	6.56
L2-L4	0.381	-		53	-3.6	9.27	24.32	2.4	9.95
L3-L4	0.363		-	50	-3.8	5.31	14.60	2.4	6.11

1 -Statistically 66% of repeat scane fail within 150 (± 0.010 g(cm² for AP Spine L1-L4)
 2 -HMAESUSA AP Spine Reference Population (v105)
 3 -Matched for Ap, Ethnic
 Pilename: weld4p(c5).dfs

GE Healthcare

Lunar Prodigy DF+15771

W 255 : L 127

Gender: Male Female HEIGHT: 4-0 WEIGHT: 5216	
Have you ever had a Pone Density Care?	
If yes, when? 511,05 Where? UCSD	
PATIENT RISK FACTORS:	
Is there any family history of Osteoporosis? Yes (No)	
Do you smoke now or have you in the past? Yes No	
Have you had any fractured bones as an adult? Yes	
If yes, when?/ Which bone(s)?	
Do you consume 3 or more dairy servings per day? Yes No Occasionally	
De vou take caleium sumplemente?	
Do you exercise at least 3 times per week? Yes No Occasionally Do you exercise at least 3 times per week? Yes No Occasionally	
Do you drink more than 2 alcoholic drinks per day? Yes No Occasionally	
Do you unit 5 or more cups or conee or son annk per day? Yes (No) Occasionally	
If Female:	
Have you gone through menopause? Yes (No)	
Have you had a hysterectomy? Have you had a hysterectomy? If so, were your ovaries removed? Yes (No) Ko D I M	HER
If so, were your ovaries removed? Yes No root	
Do you take estrogen? Yes No BACK	
n yes, to now many years?	HIP
by you take medication for Osteoporosis? If yes, what kind? FOSAMAY	1
For how long? 6 mos	3
Are you taking pointing madention?	
Do you take oral prednisone or cortisone medications? Yes (No) FOREAR	m Done
Have you had surgery on your spine?	X
What kind? Fused spine in addu	lear to
Have you had surgery on your spine? Have you had surgery on your hips? Have you had surgery on your hips? (Yes) No Statement of the spine of the	zine -
It yes: LEFT BIGHT (BOTH)	
Do you any of the following?: Please circle if yes.	e was
Thyroid condition Bowel Disease Cancer Kidney Disease Diabetes	1 year
Arthritis Asthme done tax	ferr
helare re	ols were
Do you any of the following?: Please circle if yes. Thyroid condition Bowel Disease Cancer done law Kidney Disease Diabetes Arthritis Astima COMMENTS: F. U. OSTEOPOROS'S Difference place	d
MEDICATIONS: Keglan, previcid, Calcuim, Gycolax	
Mulit Viatmin, FasAMAX	
Ale 8-21-07	,
Technologist Date	
L 127	

AL255

Birth Date: Height / Weight: Sex / Ethnic:	9/13/1997 9.9 years 48.0 in. 53.0 lbs. Female Hispanic	Referring Physician: Measured: Analyzed:	SIMONE,ERI 8/21/2007 8/21/2007	C 1:51:41 PN 2:00:00 PN		
AT	2 Spre Bore Densty	1.454 1.327 1.200 1.073 0.946 0.819 0.692 0.565 0.338	-Score BMD ( 1.454 1.327 0.1.200 0.1.073 0.946 0.819 0.692 0.565 0.438 0.311	Trend: L2 ( g/cm <sup>2</sup> )	AM Ž-Sco	-1 -0 1
-	AN IS	6 8 10 12 14 16 Age (years)	18 20 8.		9.5 10 years)	1.0
100		BML Region (g/cm				
		L1 1.13 L2 0.80				

		Trend: L2	Char	ige vs
Measured Date	Age (years)	Z-Score	Previous	Previous (%)
8/21/2007	9.9	0.2	3.5	-104.9
8/22/2006	8.9	-3.3	-	-

COMMENTS:

Image not for diagnosis Printed: 8/21/2007 2:00:35 PM (11.40)76:0.75:50.00:12.0.0.00:6.42 0.60:1.05 11.7:%F#=30.6% 0.00:0.00 0.00:60 Filename: MSSTyp53.dfs Scan Mode: Thm: 3.0.µGy

1 - Statistically 68% of repeat scans fall within 1SD (± 0.030 g/cm<sup>2</sup> for AP Spine L2) 2 - N#ANES(I/SA AP Spine Reference Population (v105) 3 - Matched for Age, Ethnic

GE Healthcare W 255 : L 127

Lunar Prodigy DF+15771

Birth Date:	9/13/1997 9.9 years	Referring Physician:	SIMONE, ERI	с	0400 - 2000
Height / Weight:	48.0 in. 53.0 lbs.	Measured:	8/21/2007	1:51:41 PM	(11.40)
Sex / Ethnic:	Female Hispanic	Analyzed:	8/21/2007	2:00:00 PM	(11.40)

#### ANCILLARY RESULTS [AP Spine]

	BMD 1	Your	2 ng-Adult	Age-	3 Matched	BMC	Area	Width	Height
Region (g/cm²)	(%)	T-Score	(%)	Z-Score	(g)	(cm²)	(cm)	(cm)	
L1	1.136			158	4.1	4.88	4.30	2.2	1.94
L2	0.804	-	-	102	0.2	2.31	2.87	0.7	3.83
L1-L2	1.003	-	-	136	2.6	7.18	7.16	1.5	5.77

1 -Statistically 68% of repeat scans fall within 15D (± 0.030 g/cm<sup>3</sup> for AP Spine L2)
 2 -MHARES/USA AP Spine Reference Population (v105)
 3 -Matched for Age, Ethnic
 Filename: btS5n(c63.dfs



W 255 : L 127

Lunar Prodigy DF+15771

### DEXA Lx spine metal 9F CP 2007

Birth Date:	6/13/1995 12.9 years	Referring Physician:	GOTTSCHAL	K,MICHAEL	
Height / Weight:	45.0 in. 55.0 lbs.	Measured:	5/13/2008	3:58:06 PM	(11.40)
Sex / Ethnic:	Male Hispanic	Analyzed:	5/13/2008	4:06:02 PM	(11.40)

#### ANCILLARY RESULTS [Total Body]

Region	1 BMD (g/cm²)	Your (%)	2 ng-Adult T-Score	Age-1 (%)	3 Matched Z-Score	BMC (g)	Area (cm²)
Head	1.571	-	-	-	-	274.5	175
Left Arm	0.633	-	<u>~</u>	-	-	55.3	87
Left Leg	0.729	2	÷	-	-	332.3	456
Left Trunk	0.657	-	-	-	-	124.2	189
Left Total	0.796	-	3 <del>4</del>	-		654.3	822
Right Arm	0.759	2	-	-	-	38.3	50
Right Leg	0.639	-	-	-	-	61.2	96
Right Trunk	0.634	-		-		95.8	151
Right Total	0.856	-		-	-	327.2	382
Arms	0.679	-	-	-	-	93.6	138
Legs	0.713	-	-	-	-	393.5	552
Trunk	0.647	-	-	-	2	220.0	340
Ribs	0.591	-	-	-	-	84.9	144
Pelvis	0.640	-	-	-	-	54.5	85
Spine	0.725	-		-	-	80.6	111
Total	0.815	-	-	84	-1.9	981.6	1,204

#### Pediatric Information

Skeletal Age	(not specified)			
Technique	(not specified)			
Pubertal Stage	(not specified			
Technique	(not specified)			

Bone Size Assessment:

Lean Mass Assessment:

1 -Statistically 68% of repeat scans fall within 1SD (± 0.010 g/cm<sup>2</sup> for Total Body Total) 2 -NHANES/USA Total Body Reference Population (v105)

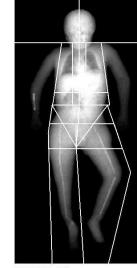
3 -Matched for Age, Ethnic

14 -Results for research purposes, not clinical use. Filename: 9vwt0kc63.dfb



Lunar Prodigy DF+15771

Total Body Tissue Quar	ntitation	Reference Chart: No reference data for Total Body [Total] region. NHANES/USA Reference Population	Fat (g)	omposition Tren Fat	<b>d: Total</b> t Free (g) [Magen
Sex / Ethnic:	Male Hispanic	Analyzed:	5/13/2008	4:06:02 PM	(11.40)
Height / Weight:	45.0 in. 55.0 lbs.	Measured:	5/13/2008	3:58:06 PM	(11.40)
Birth Date:	6/13/1995 12.9 years	Referring Physician:	GOTTSCHAL	K,MICHAEL	



	Analyzed:	5/13/2008	4:06:02 PM	(11.40)
for To	e Chart: No reference data Ital Body [Total] region.	Fat (g)	Composition Tren Fat	d: Total Free (g) [Magenta
	USA Reference Population upport Pediatric Total Body Composition.	10000		<b>6</b> 1800
		8000		1700
		6000	l.	1600
		4000		1500
		2000 E		1400
		8	9 10 11	12 13
			Age (years)	
gion	Tissue <sup>1</sup> Centile <sup>2,3</sup> (%Fat)	Total Mass	Fat Lean (g) (g)	BMC (g)

Region	Tissue (%Fat)	Centile	Total Mass (kg)	Fat (g)	Lean (g)	BMC (g)
Legs	46.4	-	9.25	4,108	4,744	393.5
Trunk	31.0		12.78	3,890	8,670	220.0
Total	35.8	(2)	27.56	9,514	17,061	981.6

COMMENTS: L-med

		1	end: Total		1	1
Measured Date	Age (years)	Tissue (%Fat)	Centile	Total Mass (kg)	Fat (g)	Lean (g)
5/13/2008	12.9	35.8	-	27.56	9,514	17,061
10/10/2006	11.3	14.5	-	18.25	2,541	15,043
8/31/2005	10.2	13.0	-	16.49	2,066	13,834
2/2/2004	8.6	11.7	(-)	15.42	1,743	13,164

Image not for diagnosis

Printed: 5/13/2008 4:17:33 PM (11.40)76:0.15:153.85:31.2 0.00:-1.00 4.80x6.50 11.0:%Fat=35.8% 0.00:0.00 0.00:0.00

Filename: 9vwt0kc63.dfb Scan Mode: Thin 0.4 µGy

1 -Statistically 68% of repeat scans fall within 15D (± 0.8 % Fat, ±210 g Tissue Mass, ±520 g Fat Mass, ±610 g Lean Mass for Total Body Total) 2 -USA Total Body Composition Reference Population (v105) 3 -Composition Matched for Age



Lunar Prodigy DF+15771

Birth Date:	6/13/1995 12.9 years	Referring Physician:	GOTTSCHAL	.K,MICHAEL	
Height / Weight:	45.0 in. 55.0 lbs.	Measured:	5/13/2008	3:58:06 PM	(11.40)
Sex / Ethnic:	Male Hispanic	Analyzed:	5/13/2008	4:06:02 PM	(11.40)

#### **BODY COMPOSITION**

Tissue <sup>1</sup> (%Fat)	Region (%Fat)	Tissue <sup>1</sup> (g)	Fat (9)	Lean <sup>1</sup> (g)	BMC (g)	Total Mass (kg)
38.1	36.6	1,348	514	834	55.3	1.40
46.5	43.4	4,735	2,199	2,535	332.3	5.07
30.9	30.4	6,919	2,139	4,780	124.2	7.04
35.8	34.2	14,365	5,140	9,225	654.3	15.02
38.1	36.9	1,171	446	725	38.3	1.21
46.4	45.7	4,118	1,909	2,209	61.2	4.18
31.1	30.5	5,641	1,752	3,889	95.8	5.74
35.8	34.9	12,211	4,375	7,836	327.2	12.54
38.1	36.7	2,519	960	1,559	93.6	2.61
46.4	44.4	8,852	4,108	4,744	393.5	9.25
31.0	30.4	12,560	3,890	8,670	220.0	12.78
30.8	30.6	1,935	595	1,340	8.5	1.94
48.1	47.5	4,115	1,981	2,135	54.8	4.17
35.8	34.5	26,576	9,514	17,061	981.6	27.56
	(%47at) 38.1 46.5 30.9 35.8 38.1 46.4 31.1 35.8 38.1 46.4 31.0 30.8 48.1	(%67at)         (%67at)           38.1         36.6           46.5         43.4           30.9         30.4           35.8         34.2           38.1         36.9           46.4         45.7           31.1         30.5           35.8         34.9           38.1         36.7           46.4         44.4           31.0         30.4           30.8         30.6           48.1         47.5	(%ifat)         (%ifat)         (g)           38.1         36.6         1,348           46.5         43.4         4,735           30.9         30.4         6,919           35.8         34.2         14,365           38.1         36.9         1,171           46.4         45.7         4,118           31.1         30.5         5,641           35.8         34.9         12,211           36.1         30.5         7,641           35.8         34.9         12,211           36.1         30.7         2,519           46.4         44.4         8,852           31.0         30.4         12,560           30.8         30.6         1,935           48.1         47.5         4,115	(%67at)         (%67at)         (g)         (g)           38.1         36.6         1,348         514           46.5         43.4         4,735         2,199           30.9         30.4         6,919         2,139           35.8         34.2         14,365         5,140           38.1         36.9         1,171         446           46.4         45.7         4,118         1,909           31.1         30.5         5,641         1,752           35.8         34.9         12,211         4,375           38.1         36.7         2,519         960           46.4         44.4         8,852         4,108           31.0         30.4         12,560         3,890           30.8         30.6         1,935         595           48.1         47.5         4,115         1,981	(%4rat)         (a)         (a)         (a)           38.1         36.6         1,348         514         834           46.5         43.4         4,735         2,199         2,535           30.9         30.4         6,919         2,139         4,780           35.8         34.2         14,365         5,140         9,225           38.1         36.9         1,171         446         725           46.4         45.7         4,118         1,909         2,209           31.1         30.5         5,641         1,752         3,889           35.8         34.9         12,211         4,375         7,836           38.1         36.7         2,519         960         1,559           38.1         36.7         2,519         960         1,559           36.4         44.4         8,852         4,108         4,744           31.0         30.4         1,2560         3,890         8,670           30.8         30.6         1,935         595         1,340           48.1         47.5         4,115         1,981         2,135	(%4Fat)         (a)         (a)         (a)         (b)         (c)         (c)

#### FAT MASS RATIOS

Trunk/	Legs/	(Arms+Legs)/
Total	Total	Trunk
0.41	0.43	1.30

Birth Date: Height / Weight: Sex / Ethnic:	6/13/1995 12.1 45.0 in. 55.0 lb Male Hispanic	9 years is.		Mea	erring Phy Isured: lyzed:	sician:	GOTTS 5/13/20 5/13/20	008	MICHAE 3:58:06 4:06:02	PM	(11.40) (11.40)
Total Body Tissue Quantit	NHAN	Total Bo ES/USA I t support	urt: No refu ody [Total Reference Pediatric ompositic	] region. e Populat Total Bo	ion did	10000 8000 6000 4000 2000	Com		1	Free (g	(Magenta 1800 1700 1600 1500 1400 13
	Trend: Tota Measured Date	al Age (years)	1 Tissue (%Fat)	Centile	Total Mass (kg)	Region (%Fat)	Tissue <sup>1</sup> (g)	Fat <sup>1</sup> (g)	Lean (g)	BMC (g)	Fat Free (g)
	5/13/2008 10/10/2006 8/31/2005 2/2/2004	12.9 11.3 10.2 8.6	35.8 14.5 13.0 11.7		27.56 18.25 16.49 15.42	34.5 13.9 12.5 11.3	26,576 17,584 15,899 14,906	2,541 2,066	17,061 15,043 13,834 13,164	667.4 591.0	18,043 15,710 14,425 13,677

Trend: Fat Distribution								
Measured Date	Age (years)	Android (%Fat)	Gynoid (%Fat)	A/G Ratio	Total Body (%Fat)			
5/13/2008	12.9	30.8	48.1	0.64	35.8			
10/10/2006	11.3	5.1	30.2	0.17	14.5			
8/31/2005	10.2	4.1	27.9	0.15	13.0			
2/2/2004	8.6	-	-	-	11.7			

#### COMMENTS: L-med

<ol> <li>Statistically 68% of repeat scans fall within 1SD (± 0.8 % Fat, ±210 g Tissue Mass, ±520</li> </ol>
g Fat Mass, ±610 g Lean Mass for Total Body Total) 2 -USA Total Body Composition Reference Population (v105)
3 -Composition Matched for Age

1 -Statistically 68% of repeat scans fall within 15D (± 0.8 % Fat, ±210 g Tissue Mass, ±520 g Fat Mass, ±610 g Lean Mass for Total Body Total) Filename: 9vwt0kc63.dfb

83 GE Healthcare Lunar Prodigy DF+15771

DEXA OGI leg cast IM rods 12M

Birth Date: Height / Weight: Sex / Ethnic:	6/13/1995 12.9 years 45.0 in. 55.0 lbs. Male Hispanic	Referring Pl Measured: Analyzed:	5	OTTSCHAL /13/2008 /13/2008	K,MICHAEL 3:51:27 PM 4:11:03 PM	(11.40) (11.40)
AF	P Spine Bone Density	Densitometry Re BMD (g/cm <sup>2</sup> )	ference: L1-L AM Z-Scor	4 T e BMD i	rend: L1-L4 (2 g/cm²)	Z-Score) AM Z-Score
10000		1.50		1.50		1.11.11.11.11.11.11.11.11.11.11.11.11.1
Sec. March 1		1.36		1 1.36		
- 14		1.22		0 1.22		
CT	S land	1.08	11-	1 1.08		
L2		0.94	///	0.94		
	$\rightarrow$ (	0.80		0.80		D
L3		0.66		0.66		
	$\rightarrow$	0.52		0.52		
L4	S I	0.38		0.38		
1000			14 16 18 20	8	9 10 1	
395	A REAL PROPERTY AND A	Age (	years)		Age (yea	ars)
- <b>Q</b>	$\{ \}$	Region	1 BMD (g/cm²)	Age-Ma z-sc		
		L1	0.582	-1.		
		L2 L3	0.538 0.557	-2.		
		L3 L4	0.557	-2.		
		L1-L4	0.546	-2.	6	

			Trend: L1-L4	Cha	nge vs
	Measured Date	Age (years)	Z-Score	Previous	Previous (%)
configuration of the second	5/13/2008	12.9	-2.6	-2.9	-1,182.4
COMMENTS: L-med	10/10/2006	11.3	0.2	0.7	-155.2
	8/31/2005	10.2	-0.4	-0.3	152.6
	2/2/2004	8.6	-0.2	-0.2	0.0
	5/19/2000	4.9	-	-	-
Image not for diagnosis			fall within 15D (± 0.010	) g/cm² for AP Spi	ne L1-L4)
Printed: 5/13/2008 4:11:37 PM (11.40)76:0.75:50.00:12.0 0.00:8.10 0.60x1.05 16.6:%Fat=21.2%	2 - NHANES/USA AF 3 - Matched for Age		Population (v105)		

63	GE Healthcare	

Lunar Prodigy DF+15771

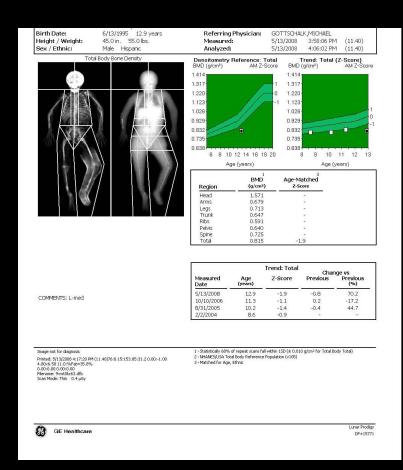
Birth Date:	6/13/1995	12.9 y	ears		Refer	ring Physician:	GOTTSCHA	LK,MICHAEL	
Height / Weight: Sex / Ethnic:		55.0 lbs. Danic			Meas Analy		5/13/2008 5/13/2008	3:51:27 PM 4:11:03 PM	(11.40) (11.40)
ANCILLARY RE	SULTS [AI	P Spir	ne]						
Region	BMD (g/cm²)	Your (%)	2 ig-Adult T-Score	Age-l (%)	3 Matched Z-Score	BMC (g)	Area (cm²)	Width (cm)	Height (cm)
L1	0.582	-	-	72	-1.9	3.03	5.20	2.7	1.95
L2	0.538	-	14	60	-2.8	2.87	5.33	2.8	1.89
L3	0.557	-	-	62	-2.7	3.44	6.18	2.7	2.27
L4	0.513	-	-	57	-3.0	3.20	6.23	3.0	2.08
L1-L2	0.559	-	-	66	-2.4	5.90	10.54	2.7	3.84
L1-L3	0.558	-	-	65	-2.4	9.34	16.72	2.7	6.11
L1-L4	0.546	-	-	63	-2.6	12.54	22.96	2.8	8.18
L2-L3	0.548	-	-	61	-2.8	6.31	11.52	2.8	4.16
L2-L4	0.536	-	-	60	-2.9	9.51	17.75	2.9	6.23
L3-L4	0.535	-	-	60	-2.9	6.64	12.42	2.9	4.35

1 - Statistically 66% of repeat scans Fall within 15D (± 0.010 g/cm<sup>2</sup> for AP Spine L1-L4)
 2 - HHANES/USA AP Spine Reference Population (v105)
 3 - Matched for Age, Ethnic
 Flename rnvK0/c63.dfs

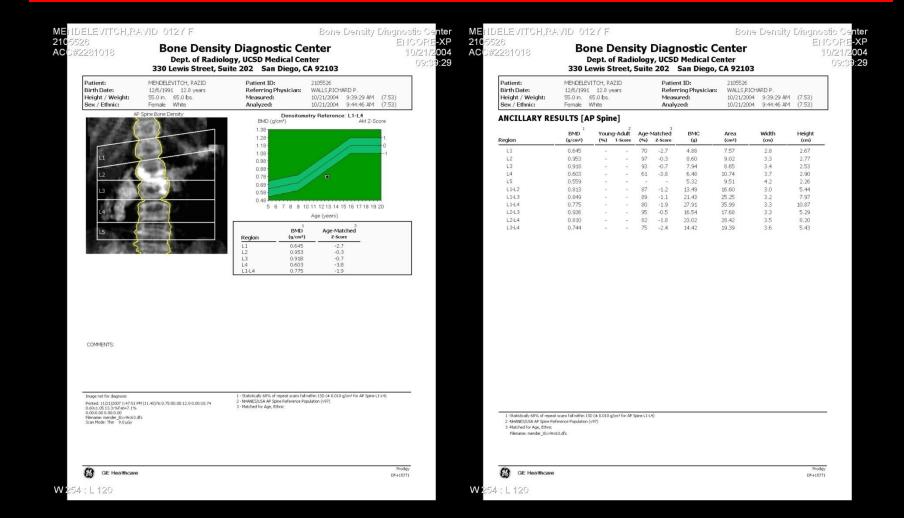
GE Healthcare

Lunar Prodigy DF+15771

Have you ever had a Bone De if yes, when? PATIENT RISK FACTORS:	1_106_	/ Where?	Yes	No		TOTAL
Is there any family history of C	steoporosis?		Yes	No	•	10111
Do you smoke now or have yo	u in the past?		Yes	No	0	D VI
Have you had any fractured be	ones as an adult?		Yes	No	5	ON VI
If yes, when?	J	Which b			1.00	191
Do you consume 3 or more da	iry servings per day?		Yes	No	Occasionally	I And!
Do you take calcium suppleme	ents?		Yes	No	Occasionally	11000
Do you exercise at least 3 time	es per week?		Yes	No	Occasionally	0
Do you drink more than 2 alco	holic drinks per day?		Yes	No	Occasionally	
Do you drink 5 or more cups o f Female:	f coffee or soft drink per	day?	Yes	NO	Occasionally	
lave you gone through menor	ause?		Yes	No		
lave you had a hysterectomy	,		Yes	No		
If so, were your over	ries removed?		Yes	No		
Do you take estrogen?			Yes	No		
If yes, for how man	y years?		100	NO		
to you take medication for Ost	eoporosis?		Yes	No		
If yes, what kind?			100	NO		
For how long?	-		-			
re you taking seizure medicat	ion?		Yes	No		
o you take oral prednisone or	cortisone medications?		Yes	No		
lave you had surgery on your :	spine?		Yes	No		
What kind?						
ave you had surgery on your I	hips?		Yes	No		
If yes:			LEFT	RIGHT	BOTH	
o you any of the following?: hyroid condition idney Disease	Please circle if yes. Bowel Disease Diabetes		Cancer			
rthritis	Asthma					
	Asunna					
OMMENTS:						
EDICATIONS: Pulmor	or Abulter	1 d	arit	M.		
inhord h	e nead				1 alan	
ala	1 HEED	-		-	- ~	
	/			5-1	3-08	
Technolo						



### DEXA OGI leg cast IM rods 12M



### Riley day syndrome DEXA 15F 2004

DELEVITCH,RAVID 015Y 526 #3131278	F University of Califorr Lewis Street Ra Bone Density Risk Fac	nia San Diego diology	nə Dənsity Diagnı	MIZEDDX 2105	DELEVITCH,R. 526 #3131278	Bone Density Dept. of Radiolog 330 Lewis Street, Sui	Diagnostic Co gy, UCSD Medical Ce te 202 San Diego, C	nter	iteor M 11
DEXA (BONE DENSITY) PERIPHE	A atus: 0 II H	llias Name: MENDELEVI xom: (LS)177031 History: RILEY DAY SYN Higgnosis: RILEY DAY	Age: 15 Years		Patient: Birth Date: Height / Weight: Sex / Ethnic:	MENDELEVITCH, RAZID 12/6/1991 15.9 years 61.0 in. 96.0 lbs. Female White	Patient ID: Referring Physician: Measured: Analyzed:	2105526 WALLS,RICHARD P. 11/21/2007 1:43:37 PM (11.40) 11/21/2007 1:45:27 PM (11.40)	
	R	weight: 80				Forearm Bone Density	Forearm NHANES/USA F support the pa	t: No reference data for Left [Radius UD] region. Reference Population did not tient's Age for Left Forearm Densitometry.	
Have you ever had a Bone Dens If yes, when? PATIENT RISK FACTORS: Is there any family history of ost Do you smoke now or have you i Have you had any fractured bonu If yes, when?	eoporosis? in the past? es as an adult?	Yes No Yes No Yes No Yes No Yes No			Uha UD	Radus UD			
Do you consume 3 or more dairy Do you take calcium supplement Do you warcise at least 3 times Do you drink more than 2 alcoho Do you drink 5 or more oups of o if Equals:	r servings per day? ts? per week? lie drinks per day? soffee or soft drink per day?	Yes No Yes No Yes No Yes No Yes No	Occasionally Occasionally Occasionally Occasionally Occasionally		Una 33	Radius 33%	Image: Part of the system         Im		
Have you gone through menopat Have you had a hysterectomy? If so, were your ovari- Do you take estrogen? If yes, for how many Do you take medication for Oster	es removed?	Yes No Yes No Yes No Yes No	16yeparsold	_			Both 33% 0.441 Radius Total 0.343 Ulna Total 0.290 Both Total 0.321		
If yes, what kind? For how long? Are you taking setzure medicatio Do you take oral prednisone or o Have you had surgery on your sp What kind?	bine?	Yes No Yes No Yes No			COMMENTS:				
Have you had surgery on your hi If yes: Do you any of the following?: Thyroid condition Kidney Disease Arthritis OOMMENTS:	Please circle if yes. Bowel Disease Diabetes Asthma	Cancer	BOTH 202/ Screws		4.9:%Fat=19.0% 0.00:0.00 0.00:0.00 Forearm Length: 24.5 cm	PM (11.40)76-0.15:50.00:12.0.0.00:6.20.0.60:1.05	2 - NHANES (ages 20-30) / USA (ages 2 9 - SPA calibration in use: (SPA values a 11 - World Health Organization - Definitio Normal = T-Score at or above -1.0 S	within 150 (# 0.016 g/cm <sup>2</sup> for Left Forearm Radue LD 0-40) Forearm Reference Population (±105) en 0% bioter than Consci values) on 0% bioter than Consciously and Consciously Monor of Consciously and Contexpensa for Causalian Monor of 2.550; (WHO difference softward) within a Synong In-	ien:
MEDICATIONS: (prior midroden, flo technolog	mit iron, ad	eval, grow	21/07 fo	hits	Flename: alvryc63.dfa Scan Mode: Standard 2.0 µK	· · · · · · · · · · · · · · · · · · ·	Osteoporosis = 1-score at or below Caucasian Women reference databa	ee is used to determine T-Scores.)	Yodigy
5 : L 127			a		<b>GE Healthcare</b> 4 : L 128			DF+1	15771

## Riley day syndrome DEXA 15F 2007

6 131278	Dept. of Radio	y Diagnostic Ce logy, UCSD Medical Ce	nter		
	330 Lewis Street, Si	uite 202 San Diego, G	A 92103		
Patient:	MENDELEVITCH, RAZID	Patient ID:	2105526	40D D	
Patient: Birth Date: Height / Weight:			2105526 WALLS,RICH	ARD P. 1:43:37 PM	(11.40)

#### ANCILLARY RESULTS [Left Forearm]

	BMD 1,9	Your	g-Adult	Age-	Matched	BMC <sup>9</sup>	Area
Region	(g/cm²)	(%)	T-Score	(%)	Z-Score	(g)	(cm²)
Radius UD	0.248		-	-		0.93	3.77
Ulha UD	0.200	2	2		12	0.47	2.33
Radius 33%	0.489	-	-	-	-	1.18	2.42
Ulna 33%	0.391	-	-	-		0.90	2.30
Both UD	0.229	-	-	-	-	1.40	6.10
Both 33%	0.441	-	-		-	2.08	4.72
Radius Total	0.343		-	-	-	4.82	14.05
Ulna Total	0.290	2	-	1	1	2.94	10.14
Both Total	0.321	~			-	7.76	24.19

1 -Statistically 66% of repeat scans rail within 150 (iii 0.016 g/cm² for Left Porearm Radius OD)
2 -NHANES (ages 20-30) / USA (ages 20-40) Forearm Reference Population (v105)
9 -SPA calibration in use: (SPA values are 10% lower than Comac values.)
Filename: al@vrjc63.dfa

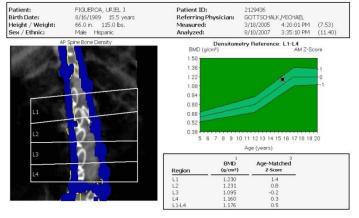
GE Healthca	e	Healthcare	GE	83
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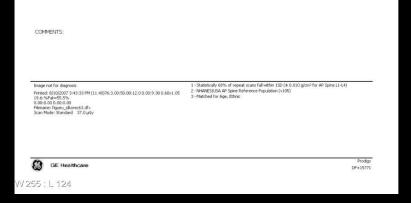
W 254 : L 128

Lunar Prodigy DF+15771

Riley day syndrome DEXA 15F 2007

#### Bone Density Diagnostic Center Dept. of Radiology, UCSD Medical Center 330 Lewis Street, Suite 202 San Diego, CA 92103





#### Bone Density Diagnostic Center Dept. of Radiology, UCSD Medical Center 330 Lewis Street, Suite 202 San Diego, CA 92103

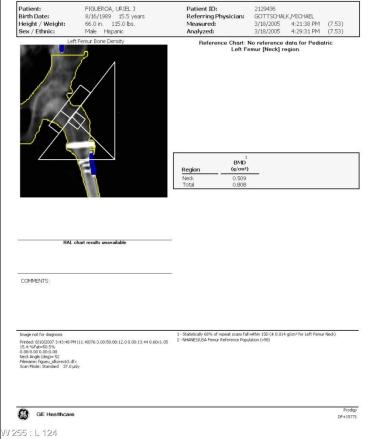
Patient:	FIGUEROA, URIEL J	Patient ID:	2129436		
Birth Date:	8/16/1989 15.5 years	Referring Physician:	GOTTSCHAL	K,MICHAEL	
Height / Weight:	66.0 in. 115.0 lbs.	Measured:	3/18/2005	4:20:01 PM	(7.53)
Sex / Ethnic:	Male Hispanic	Analyzed:	8/10/2007	3:35:10 PM	(11.40)

#### ANCILLARY RESULTS [AP Spine]

	BMD <sup>1</sup>	Your	ng-Adult	Age-	3 Matched	BMC	Area	Width	Height
Region	(g/cm²)	(%)	T-Score	(%)	Z-Score	(g)	(cm²)	(cm)	(cm)
L1	1.230		2	118	1.4	6.39	5.20	1.8	2.95
L2	1.231			110	0.8	7.04	5.72	1.9	2.98
L3	1.095		~	98	-0.2	6.79	6.20	2.4	2.63
L4	1.160	-	-	104	0.3	7.13	6.15	2.6	2.33
L1-L2	1.231	0.00		114	1.1	13.43	10.92	1.8	5.93
L1-L3	1.182			108	0.7	20.22	17.12	2.0	8.56
L1-L4	1.176	12	2	107	0.5	27.35	23.27	2.2	10.89
L2-L3	1.160		-	104	0.3	13.84	11.92	2.1	5.62
L2-L4	1.160			104	0.3	20.96	18.07	2.3	7.95
L3-L4	1.127	1.41	-	101	0.1	13.92	12.35	2.5	4.96

$1$ -Statistically 68% of repeat scans fall within 1SD ( $\pm$ 0.010 g/cm² for AP	Spine L1-L4)
2 -NHANES/USA AP Spine Reference Population (v105) 3 -Matched for Age, Ethnic	
Filename: figueu_idkorec63.dfx	
Hiename: hgueu_idkorec63.drx	
Piename: ngueu_iakorec63.arx	
Hename: rigueu_lakorecb3.arx	
Hiename: ngueu_jakareco.s.arx	
Hename: ngueu_aarecos.arx	
GE Healthcare	Prod 0+1577

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Patient: Birth Date:	FIGUEROA, URIEL J 8/16/1989 15.5 years	Patient ID: Referring Physician:	2129436 GOTTSCHAL	K,MICHAEL	
Height / Weight:	66.0 in. 115.0 lbs.	Measured:	3/18/2005	4:21:38 PM	(7.53)
Height / Weight: Sex / Ethnic:	Male Hispanic	Analyzed:	3/18/2005	4:29:31 PM	(7.53)

#### ANCILLARY RESULTS [Left Femur]

	BMD 1	Your	a-Adult	Age-	Matched	BMC	Area
Region	(g/cm²)	(%)	T-Score	(%)	Z-Score	(g)	(cm²)
Neck	0.509		3	6		2.24	4.40
Upper Neck	0.451			-	-	0.97	2.15
Wards	0.500		~		-	1.07	2.15
Troch	0.425		2	23	2	1.40	3.30
Shaft	1.039		-		-	11.61	11.18
Total	0.808		-	-	-	15.26	18.87

1 - Stabitszały 69% of repeats scane fall within 130 (± 0.014 g/m³ for Left Femur Neck) 2 - MMNRS/ISS Farmur Reference Population (v98) Plename: Figueu, jelkorec63.dfx	
	Prode

Lewis Stre	alifornia San Diego et Radiology sk Factor Information	
DEXA (BONE DENSITY) SKELETA 08/10/2007 15:00 Status: 0	Allas Name: Exam: (LS)L77039 Age: 17 Years History: URLKER-WORBRUG SYNDROME	Requested by: Michael E Gottschalk, M.D. Attending Physician:Michael E Gottschalk, M.
E-3062743	Diagnosis: EVAL FOR OSTEOPOROSIS Requesting MD: GOTTSCHALK, MICHAEL E, M.D. Comments: HOTHER CALLED	ACC:2383729 03/18/200516:25 DEXA SKELETAL-HIPS, PELV, SPINE
FIGUEROA, URIEL JOE MR#:2129436		Procedure: DEXA, BONE DEN, SKEL
Gender: Male Female HEIGHT: Have you ever had a Bone Density Scan? If yes, when? WI PATIENT RISK FACTORS: Is there any family history of Osteoporosis? Do you smoke now or have you in the past?	Yes No Yes (No)	CLINICAL HISTORY: Cerebral palay. Seizure, on medication. Stage II, with recurrent fractures of both REFERENCE FILMS: No previous studies are available for comp
Have you had any fractured bones as an adult?	Yes (No7) Yes (No) hich bone(s)?	FINDINGS: The bone mineral density of the lumbar spi as useful due to the placement of bilatera instrumentation.
Do you take calcium supplements? Do you exercise at least 3 times per week? Do you drink more than 2 alcoholic drinks per day? Do you drink 5 or more cups of coffee or soft drink per day? If Fernale:	Yes         No         Occasionally           Yes         Occasionally         Occasionally	Note, there has also been prior internal f but this is likely a prior osteotomy and h area of interest and now only affects the will, therefore, be ignored.
Have you gone through menopause? Have you had a hysterectomy? If so, were your ovaries removed? Do you take estrogen? If yes, for how many years? Do you take medication for Osteoporosis?	Yes No Yes No Yes No Yes No Yes No We -	The bone mineral density of the left femor- sg. Reference range for bone mineral dens 15-year-old boy is 1.024, with a standard indicating that the current bone mineral d deviations below the mean indicating osteo a Tanner reference range for comparison.
For how long? 2nm	Yes No	IMPRESSION: 1. Marked osteoporosis.
Are you taking seizure medication? / Do you take oral prednisone or contisone medications? Have you had surgery on your spine? What kind? Have you had surgery on your hips?	Yes No cortocone creme Nos No > rode	
If yes: Do you any of the following?: Please circle if yes, Thyrold condition Bowel Disease	Ves No Pail piny Hight Both thip full fine Rods in Spine	
Kīdney Disease Diabetes Arthritis Asthma	Bil hip pins	Approved by: Tudor H Hughes, M.D. /signed by/ Tudor H Hug
COMMENTS: Towner & Walker-W MEDICATIONS: D. Lantin / Phanton 6:3	orbang Syndrome	Transcribed on: 04/08/2005 16:05 by Regin
Stracyline /	(1) Topmer / Forange /	
Technologist	<u>-8-10-07</u> Date	
• • • • • • • • • • • • • • • • • • •	i to do foreaime due to retraction	

ewis St. Women's Center Bone Densitometry

MRN: 2129436 FIGUERCA, URIEL JOE DOB: 08/16/1989 Sex: M Status: O Patient Loc:

15-year-old male, Tanner h knees.

parison.

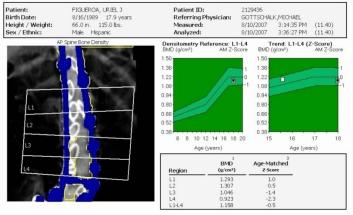
ine cannot be interpreted al posterior

fixation of the left hip has migrated away from the shaft measurement which

ral neck is 0.509 gm/cm sity of the neck in a deviation of 0.1, density is 5 standard oporosis. I do not have

ghes, M.D. ,Staff Radiologist 04/11/2005 na Pizarro

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			Trend: L1-L4	Char	nge vs
	Measured Date	Age (years)	Z-Score	Previous	Previous (%)
	8/10/2007	17.9	-0.5	-1.0	-182.6
XMMENTS:	3/18/2005	15.5	0.5		

mage not for diagnosis Yinted: 8/10/2007 3:38:15 PM (11.40)76:3.00:50.00:12.0 0.00:10.50 0.60::1.05	1 - Stabistically 68% of repeat scans fall within 15D (± 0.010 g/cm² for AP Spine L1-L4) 2 - NHANE5/USA AP Spine Reference Population (v105) 3 - Matched for Age, Ethnic
7.8.%##4848.0% Genoa.00.000.00 Ference: Odwiny63.dfx Kan Mode: Standard: 37.0.µGy	⇒ rhacuesion µga, cone

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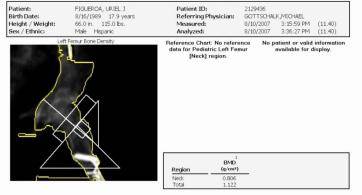
Patient:	FIGUEROA, URIEL J	Patient ID:	2129436		
Birth Date:	8/16/1989 17.9 years	Referring Physician:	GOTTSCHAL	K,MICHAEL	
Height / Weight:	66.0 in. 115.0 lbs.	Measured:	8/10/2007	3:14:35 PM	(11.40)
Sex / Ethnic:	Male Hispanic	Analyzed:	8/10/2007	3:36:27 PM	(11.40)

#### ANCILLARY RESULTS [AP Spine]

Dealers	BMD		ng-Adult		Matched <sup>3</sup>	BMC	Area	Width	Height
Region	(g/cm²)	(%)	T-Score	(%)	Z-Score	(g)	(cm²)	(cm)	(cm)
L1	1.293		-	111	1.0	7.05	5.46	1.9	2.95
L2	1.307	-		105	0.5	8.07	6.17	2.1	2.98
L3	1.046		-	84	-1.4	5.77	5.52	2.1	2.63
L4	0.923	120	-	74	-2.3	4.08	4.41	1.9	2.33
L1-L2	1.301		-	108	0.7	15.12	11.63	2.0	5.93
L1-L3	1.218		-	101	0.1	20.89	17.15	2.0	8.56
L1-L4	1.158	0.27	2	95	-0.5	24.97	21.56	2.0	10.89
L2-L3	1.184	-	-	95	-0.4	13.84	11.69	2.1	5.62
L2-L4	1.112		-	90	-0.9	17.91	16.10	2.0	7.95
L3-L4	0.991	-	-	80	-1.8	9.84	9.93	2.0	4.96

1 -Statistically 68% of repeat scans fall within 1SD ( $\pm$ 0.010 g/cm <sup>2</sup> for AP Spine L1-L4)	
2 -NHANES/USA AP Spine Reference Population (v105) 3 -Matched for Age, Ethnic	
Filename: 0dw/mjc63.dfx	
GE Heslthcare	Luner Prodg DF+1577

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			Trend: Neck		nge vs
	Measured Date	Age (years)	Z-Score	Previous	Previous (%)
	8/10/2007	17.9	-		
COMMENTS:	3/18/2005	15.5	-		-

mage not for diagnosis	1 - Statistically 68% of repeat scans fall within 1SD (± 0.014 g/cm <sup>2</sup> for Left Femur Neck)
reked: #[12](2027) 33:01:34 PM (11.40)76:3.00:50.00:12.0.0.00:10.86.0.60:1.05 4.15 Yabert-50:00 4.06:0.00:0.00:00:00 Home: Otherwise, 14 Home: Otherwise, 14 can Mode: Standard 37.0 μGy	
3 GE Healthcare	Luner Prodgy DF415771

#### Bone Density Diagnostic Center Dept. of Radiology, UCSD Medical Center 330 Lewis Street, Suite 202 San Diego, CA 92103

Patient: Birth Date:	FIGUEROA, URIEL J 8/16/1989 17.9 years	Patient ID: Referring Physician:	2129436 GOTTSCHAL	K,MICHAEL	
Height / Weight:	66.0 in. 115.0 lbs.	Measured:	8/10/2007	3:15:59 PM	(11.40)
Height / Weight: Sex / Ethnic:	Male Hispanic	Analyzed:	8/10/2007	3:36:27 PM	(11.40)

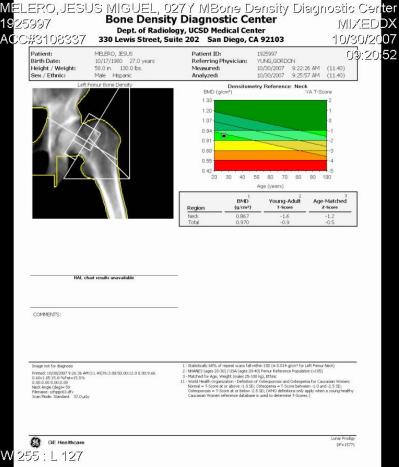
#### ANCILLARY RESULTS [Left Femur]

	BMD	Your	ng-Adult	Age-	Matched	BMC	Area
Region	(g/cm²)	(%)	T-Score	(%)	Z-Score	(g)	(cm²)
Neck	0.806	-	-	-	-	3.59	4.45
Upper Neck	0.813	-	-	-	-	1.81	2.23
Lower Neck	0.799		-	-	-	1.78	2.23
Wards	0.735	1.20	-	23	-	1.58	2.15
Troch	0.590		-		-	1.07	1.82
Shaft	1.334		-	- 1	-	14.93	11.19
Total	1.122	022	-	1	2	19.60	17.47

1-Statistically 66% of repeat scare fail within 150 (4 0.014 g/cm<sup>2</sup> for Left Perrur Ned))
 Prename: Obvious3.d/x.
 Unite Proday
 GE HealthCare
 Lone Proday
 OF+15371
 V/ 255 : L 127

592 243	Lewis Street	Radiolo	gy		VIIXEDD) D/30/200		#3108337	33
	Bone Density Risk				09:20 5		Patient: Birth Date:	MEL 10/
	DEXA (BONE DENSITY) SKELETA 10/30/2007 09:00 Status 0		Name: (LS)L77080	Age: 27 Years	10		Height / Weight:	58.0
	10/30/2007 09:00 Status: 0		TY: PULMONARY FIBROS	IS			Sex / Ethnic:	Male
			nosis: LUNG TX				AP	Spine Bo
	E-3108337		esting MD: YUNG, GORD ents: LATRECEE/19595				()	1.0
	NELERO TRALE MEDICE	THRU Comm	ents: LHINECEE/19090	***PHTRENT HR	GINGERIENTS			<u> </u>
	MELEKO, JESUS MIGUEL MR#: 1925997							1.22
	<u> </u>	1.57					L1	
	Gender: Male Female HEIGHT: 4	U_ WEIG	HT: 130		1.0.0			5
	Have you ever had a Bone Density Scan?	Ver						
	If yes, when? //// Whe	Yes	No				L2	
	PATIENT RISK FACTORS:			_	2010/01/01			5
	Is there any family history of Osteoporosis?	Yes	No					<b>C 1</b>
	Do you smoke now or have you in the <u>past?</u> Have you had any fractured bones as an adult?	Yes					L3	
		Yes	LEFT WRIST					e
	and the second sec	roomo(a) -	april perilar					1
	Do you consume 3 or more dairy servings per day?	Yes	No Occasi	ionally			L4	N
	Do you take calcium supplements?	Yes	No Occasi					Contraction of the
	Do you exercise at least 3 times per week? Do you drink more than 2 alcoholic drinks per day?	Yes	(No) Occasi					-
	Do you drink 5 or more cups of coffee or soft drink per day?	Yes	No Occasio No Occasio		A			
	If Female:	000	NO OCCASE	onally				
	Have you gone through menopause?	Yes	No					
	Have you had a hysterectomy?	Yes	No					
	If so, were your ovaries removed? Do you take estrogen?	Yes	No					
	If yes, for how many years?	Yes	No					
	Do you take medication for Osteoporosis?	Yes	No					
	If yes, what kind?							
	For how long?		-					
	Are you taking seizure medication?	Yes	No					
	Do you take oral prednisone or cortisone medications? Have you had surgery on your spine?	Yes	NO SEPPER TOM	king them			COMMENTS:	
	What kind?	res	No		1		COMMENTS:	
	Have you had surgery on your hips?	Yes	No					
	If yes:	LEFT	RIGHT BOTH					
	Description of the standard and the standa							
	Do you any of the following?: Please circle if yes. Thyroid condition Bowel Disease	-						
	Kdney Disease Diabetes	Cancer						
	Arthritis Asthma						Image not for diagnosis Printed: 10/30/2007 9:26:26 Af	M /11 4/076
							0.60x1.05 17.8:%Fat=19.3% 0.00:0.00 0.00:0.00	
	COMMENTS:				1.50		Filename: szfggjc63.dfx	
	MEDICATIONS: NORL						Scan Mode: Standard 37,0 µ0	oli.
	- Proto-			-				
	10 Miller		0-0		1			
	Technologist		10/30/07					
	1 Bonn Honglan		/ Date				GE Healthcare	
_					18.11.1.3			
55	: L 127					VVI 2	55 : L 127	

inth Date:         10/17/1980         27.0 years           leight / Weight:         58.0 in.         130.0 lbs.           ex / Ethnic:         Male         Hispanic	Patient ID:         1925997         C           Referring Physician:         YUNS,GORDON            Measured:         10/30/2007         9:20:52 AM         (11.40)           Analyzed:         10/30/2007         9:25:56 AM         (11.40)
AP Spine Bone Density	Densitometry Reference: L1-L4 BMD (q/cm <sup>2</sup> ) YA T-Score
	1.46
	1.34-
L1	1.22
5	1.10
( Main )	0.98
L2	0.86
	0.74
13	0.62
1 2	Age (years)
L4	BMD Young-Adult Age-Matched Region (g/m*) T-Score Z-Score
	L1 1.067 -0.8 -0.1 L2 1.107 -1.1 -0.5
	L3 1.173 -0.6 0.1
	L4 1.153 -0.7 -0.1 L1-L4 1.127 -0.8 -0.1
COMMENTS:	



### DEXA inadequate femur 27M dwarf

tient: -th Date: :ight / Weight: x / Ethnic:	MELERO, JE 10/17/1980 58.0 in. 1 Male Hispi	27.0 y 30.0 lbs.			Patien Referr Measu Analyz	ring Physician: ired:	1925997 YUNG,GORDON 10/30/2007 9:2 10/30/2007 9:2	(11.40)	9:20:5	52	Patient: Birth Date: Height / Wei Sex / Ethnic	10 ight: 58	ELERO, JESUS 0/17/1980 27.0 8.0 in. 130.0 lbs Tale Hispanic		Patient ID Referring Measured Analyzed:	Physician:	1925997 YUNG,GORDOM 10/30/2007 10/30/2007	9:23:55 AM	
ICILLARY RES	ULTS [Le	ft Fen	nur]									Right Femi	ht Femur Bone Density		BMD (	Densitomet p/cm²)	metry Reference: Neck YA T-Score		
gion	BMD (g/cm²)		g-Adult T-Score		atched z-score	BMC (9)	Area (cm²)							10.17	1.33				-2
Neck Upper Neck Lower Neck Wards Troch Shaft Total	0.8672 1.0672 0.972 0.983 1.087 0.970	81 74 102 95 88	-1.6 -1.9 0.1 -0.4 -0.9	85 77 106 101 93	-1.2 -1.5 -0.4 -0.1 -0.5	16.25	7.35 3.68 3.68 6.00 11.61 14.95 33.91					HAL chart re	eutr unavalable		1.07 0.94 0.81 0.66 0.55 0.42 20 <u>Region</u> Nect Totai		0 80 70 Age (verr.) 	dult Age-	-0 1 2 3 4 5 00 
											COMMENTS:								
											Image not for diag Printed: 10/30/200	7 9:26:46 AM (11.4)	10)76:3.00:50.00:12.0 0.	.00:10.14	1 - Statistically 68% ( 2 - NHANES (ages 20	30) / USA (ages 20-4	0) Femur Reference 8		Neck)
I -Statistically 68% of repeat s 2 -NHANES (ages 20-30) / USA 3 -Matched for Age, Weight (m Filename: szfigg(c63.dfx	(ages 20-40) Femu	r Reference			(k				-		0.60x1.0514.8:% 0.00:0.000.0.00:0.0 Neck Angle (deg)= Filename: szfqq;c6 Scan Mode: Stando	Fat=16.6% 00 • 64 3.dfx			Osteoporosis = T-	nization - Definition o at or above -1.0 SD; Score at or below -2.	1 kg), Ethnic F Osteoporosis and O Osteopenia = T-Score S SD; (WHO definition is used to determine 1	e between -1.0 and ns only apply when	-2.5 SD:

## DEXA inadequate femur 27M dwarf

atient: irth Date: eight / Weight: ex / Ethnic:	MELERO, 3 10/17/1980 58.0 in. 5 Male Hisp	27.0 yea 30.0 lbs.	irs		Patient Referri Measur Analyze	ng Physician: ed:		ION 9:23:55 AM 9:25:59 AM	(11.40)	09:20:	52	Bir Hei	tient: th Date: ight / Weight: < / Ethnic:	MELERO, JESUS 10/17/1980 27.0 58.0 in. 130.0 lbs. Male Hispanic	years	Patient ID: Referring Phy Measured: Analyzed:		50RDON 1007 9:20:52 Af	
ICILLARY RES	ULTS [R	ght Fen	nur]											Densitometry Rel BMD (g/cm²)	erence: AP Spine L1		BMD	Young-Adult	Age-Matched
gion	BMD (g/cm²)	Young-A (%) T-		ge-Mate		BMC (0)	Area (cm²)							BMD (g/cm²) 1.46	YA	T-Score Region	(g/cm <sup>2</sup> ) 1.067 1.107	-0.8 -1.1	-0.1 -0.5
Neck Upper Neck Lower Neck	0.890 0.676 1.102				1.0	6.28 2.37 3.91	7.05 3.50 3.55					1	1	1.22-		-0 L3 L4 -1 L1-L4	1.173 1.153 1.127	-0.6 -0.7 -0.8	0.1 -0.1 -0.1
Wards Troch Shaft	1.000 0.908 1.113				0.6	5.53 9.68	5.53 10.65 15.11						3	0.85		-3			
Total	0.999				0.3		32.81								i 60 70 80 9i Age(vears)	NHANE	Matci (ages 20-30) / USA (ages 68% of repeat scans fall	red for Age, Weight (ma 20-40) AP Spine Refere within 150 (+ 0.010 ping	nce Population (v105)
												Imag	e not for diagnosis				BMD	Young-Adult	Age-Matched
														Densitometry F BMD (g/cm <sup>2</sup> )	Neck YA	T-Score Neck	(g/cm <sup>2</sup> )	-1.6	2-Score -1.2
														1.20 1.07 0.94 0.81 0.65 0.55		-0 -1 -2 -3 -4 -5			
												Imag	e not for diagnosis		i 60 70 80 9i Age(yeani)	NHAI	Matci IES (ages 20-30) / USA (ag 60% of repeat scans fall w	ned For Age, Weight (ma es 20-40) Femur Refere thin 1SD (# 0.014 g/cm	nce Population (v105)
														Densitometry R	eference: Right Femu Neck	ar Region	BMD (g/cm²)	Young-Adult T-Score	Age-Matched Z-Score
														BMD [g/cm <sup>2</sup> ] 1.33 1.20 1.07- 0.94	AY YA	2 1 -0 -1	0.890 0.999	-1.4 -0.7	-1.0 -0.3
1 -Statistically 68% of repeat :		(1.0.011.01-0)	i. nater	and the day										0.63		-2 -3 -4			
<ol> <li>Statistically 66% of repeat -NHANES (ages 20-30) / US# 3 -Matched for Age, Weight (n Filename: szfogic63.dfx</li> </ol>	(ages 20-40) Fem	r Reference Pop										-	11	0.42 20 30 40 50	l 60 70 80 9i Age(years)		Matd E5 (ages 20-30) / USA (ac	red for Age, Weight (ma es 20-40) Femur Refere	les 25-100 kg), Ethnic nce Population (v105)

DEXA inadequate femur 27M dwarf

MCCARTHY,PATRICK LYLE, 033Y M 1291116 A#3071934 Location HADC1 08/21/2007 16:06:47 MCCARTHY,PATRICK LYLE, 033Y M 1291116 A#3071934 Location HADC1 08/21/2007 16:06:47





remarks: =LgM W 1.763 : L 2.126

AP Pelvis AP remarks: =LgM W1.215 : L 2.124



## DEXA displaced Lx screw 33M

MCCARTHY, PATRICK LYLE, 033Y M 1291116 A#3071934 Location



remarks: =LgM W 1.222 : L 2.076

AP Lumbar AP

#### CCARTHY, PATRICK LYLE, 032Y M

#### Bone Density Diagnostic Cent

MIXEDE

15:49:58

01/24/200

291116 00#2895021

HADC1 08/21/2007

16:06:47

**Bone Density Diagnostic Center** 

Dept. of Radiology, UCSD Medical Center 330 Lewis Street, Suite 202 San Diego, CA 92103

Patient:	MCCARTHY, PATRICK L	Patient ID:	1291116		
Birth Date:	5/17/1974 32.6 years	Referring Physician:	2895021		
Height / Weight:	73.0 in. 190.0 lbs.	Measured:	1/24/2007	3:49:58 PM	(9.30)
Sex / Ethnic:	Male White	Analyzed:	1/24/2007	3:55:52 PM	(9.30)

#### ANCILLARY RESULTS [AP Spine]

	BMD 1	2 Young-Adult		Age-	3 Matched	BMC	Area	Width	Height
Region	(g/cm²)	(%)	T-Score	(%)	Z-Score	(g)	(cm²)	(cm)	(cm)
L1	1.434	124	2.3	120	2.0	8.92	6.22	2.2	2.79
L2	1.983	160	6.2	156	5.9	24.44	12.33	3.6	3.46
L3	1.001	81	-2.0	79	-2.3	15.04	15.03	4.1	3.66
L4	0.937	76	-2.5	74	-2.8	16.51	17.62	4.8	3.69
L3-L4	0.966	78	-2.3	76	-2.6	31.55	32.65	4.4	7.35

1 -Statistically 66% of repeat scans fall within 150 (± 0.020 gloss<sup>3</sup> for AP Spine 13-14) 2 -8H4MES (spec 20-30) (USA (spec 20-40) AP Spine Reference Population (v105) 3 -Matched for Age, Weight (males 25-100 lig), Ethnic Plename: StaccipS.3 df.

Lunar Prodigy DF+15771

#### GE Healthcare W 255 : L 127

DEXA displaced Lx screw 33M

#### ICCARTHY, PATRICK LYLE, 032Y M

291116 100#2895021

### Bone Density Diagnostic Cent **Bone Density Diagnostic Center**

Dept. of Radiology, UCSD Medical Center 330 Lewis Street, Suite 202 San Diego, CA 92103

Patient:	MCCARTHY, PATRICK L	Patient ID:	1291116		
Birth Date:	5/17/1974 32.6 years	Referring Physician:	2895021		
Height / Weight:	73.0 in. 190.0 lbs.	Measured:	1/24/2007	3:52:18 PM	(9.30)
Sex / Ethnic:	Male White	Analyzed:	1/24/2007	3:55:54 PM	(9.30)

#### ANCILLARY RESULTS [Left Femur]

	BMD 1	Your	2 ng-Adult	Age-	3 Matched	BMC	Area
Region	(g/cm²)	(%)	T-Score	(%)	Z-Score	(g)	(cm²)
Neck	0.922	86	-1.1	85	-1.2	4.71	5.11
Upper Neck	0.807	88	-0.8	87	-0.9	2.03	2.52
Wards	0.728	76	-1.8	75	-1.9	2.11	2.91
Troch	0.713	77	-2.0	75	-2.2	10.73	15.06
Shaft	1.138	-	-	-		17.29	15.20
Total	0.926	84	-1.2	83	-1.3	32.74	35.37



1 -Statistically 68% of repeat scans fall within 1SD (± 0.014 g/cm<sup>2</sup> for Left Femur Neck)

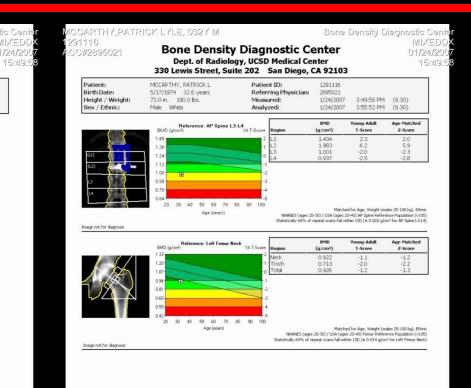
83	GE Healthcare	

Lunar Prodigy DF+15771

MIXEDE

01/24/200

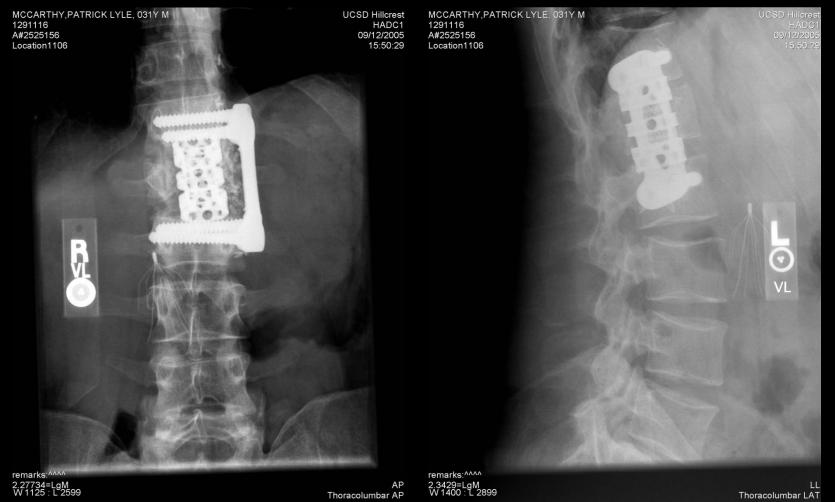
W 255 : L 127



GE Healthcare W 255 : L 127

## DEXA displaced Lx screw 33M

DF+15771



remarks:^^^^ 2.27734=LgM W 1125 : L 2599

remarks:^^^^ 2.3429=LgM W 1400 : L 2899

Height / Weight: Sex / Ethnic:	62.0 in. 182.0 lbs. Female Hispanic	Measured: Analyzed:	7/5/2006 7/5/2006	1:54:04 PM 1:59:06 PM	(9.30) (9.30)				
14 M	Reference: AP Spine L BMD (g/cm²) 1.54 [Normal	3 L1	BMD (g/cm²) 1.118	Young-Adult T-Score -0.1	Age-Matched Z-Score -0.7				
	1.42 1.30 1.18 1.06 0.34 0.74 0.75 0.70 0.59	-2 L2 -1 L3 -0 L4 -1 L-1-4 -1 L-1-4 -2 -3 -4 -5	1.203 1.088 1.157 1.141	0.0 -0.9 -0.4 -0.3	-0.6 -1.5 -0.9 -0.9				
Image not for diagnosis	20 30 40 50 60 70 Age (vears)	80 90 100 NHANES (ages 3 Statistically 68% o	20-30) / USA (ages 2	for Age, Weight (femal 0-40) AP Spine Referer thin 1SD (± 0.010 g/cm	ce Population (v105)				
anage not for diagnosis	BMD (g/cm²)	Total YA T-Score Region	BMD	Young-Adult	Age-Matched				
	1.26 Normal	YA T-Scole 2 Neck 1 Troch Total	(g/cm²) 1.045 0.882 1.113	0.1 0.3 0.8	0.2 0.1 0.7				
-20	0.76 0.63- 0.50- 0.38-	-2 -3 -4							
	20 30 40 50 60 70 Age(years)	80 90 100 NHANES (age	es 20-30) / USA (age:	for Age, Weight (femal s 20-40) Femur Referen	nce Population (v105)				
Image not for diagnosis		Statistically 68% of repea	t scans fall within 150	) (± 0.012 g/cm² for Le	ft Femur Total Mean)				
Image not for diagnosis	Reference: Right Femur		BMD (g/cm²)	Young-Adult T-Score	Age-Matched Z-Score	Measu	ıred:	7/5/2006	1:54:04 PM
Image not for diagnosis	BMD (g/cm²) 1.26 Normal 1.13	Total YA T-Score 2 Neck 1 Troch	BMD (g/cm²) 0.973 0.801	Young-Adult T-Score -0.5 -0.4	Age-Matched Z-Score -0.3 -0.6	Measu Analy:		7/5/2006 7/5/2006	1:54:04 PM 1:59:06 PM
Image not for diagnoss	BMD (p/cm <sup>2</sup> ) 1.25 <u>Herms</u> 1.13 1.01 0.05 01eoperus 0.63	Total YA T-Score Region	BMD (g/cm²) 0.973	Young-Adult T-Score -0.5	Age-Matched Z-Score -0.3	Analy			
Image not for diagnoss	BMD (g/cm <sup>2</sup> ) 1.25 Nomal 1.13 1.01 0.88 0.76 Osteopenia	Total YA T-Score 2 Neck 1 Troch	BMD (g/cm²) 0.973 0.801 1.055	Young-Adult T-Score -0.5 -0.4	Age:Matched 2-Score -0.3 -0.6 0.2				
Image not for diagnoss	BMD (g/cm <sup>2</sup> ) 1.25 Manual 1.13 1.13 1.13 0.07 6 0 gleopenia 0.59 0.59 0.59 0.59 0.59 0.50	Total YA T-Score 1 Region 1 Troch 1 Troch 1 -0 1 -0 1 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -	BMD (g/cm²) 0.973 0.801 1.055	Young-Adult T-Score -0.5 -0.4 0.4 0.4	Age:Matched 2-Score -0.3 -0.6 0.2	Analy:	zed: BMC	7/5/2006 Area	1:59:06 PM Width
Image not for diagnoss	BMD (g/cm <sup>2</sup> ) 1.25 1.35 1.07 1.01 1.01 0.089 0.075 0.160 0.00 0.050 0.38 0.38 0.50 0.38 0.50 0.38 0.50 0.38 0.50 0.38 0.50 0.38 0.50 0.38 0.50 0.38 0.50 0.38 0.50 0.38 0.50 0.38 0.50	Total YA T-Score -1 Troch -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0	8MD (q/cm²) 0.973 0.801 1.055 Matched	Young-Adult T-Score -0.5 -0.4 0.4	Age: Matched Z-Score -0,3 -0,6 0,2 es 25-100 kg), Ethnic	Analy: atched 2-Score	Zed: BMC (9)	7/5/2006 Area (cm²)	1:59:06 PM Width (cm)
Image not for diagnoss	BUD (g/cm <sup>2</sup> ) 1.25 (g/cm <sup>2</sup> ) 1.35 (g/cm <sup>2</sup> ) 1.01 (g/cm <sup>2</sup> ) 1.01 (g/cm <sup>2</sup> ) 0.89 (g/cm <sup>2</sup> ) 0.60 (g/cm <sup>2</sup> ) 0.50 (g/cm <sup>2</sup> ) 1.12 (g/cm <sup>2</sup> ) 0.50 (g/cm <sup>2</sup> ) 1.12 (g/cm <sup>2</sup> ) 0.50 (g/cm <sup>2</sup> ) 1.12 (g/cm <sup>2</sup> )	Total YATSCOM 1 Troch Total 1 1 2 3 4 5 0 90 100 1.118	BMD (g/cm²) 0.973 0.801 1.055 Matched	Young-Adult T-Score -0.5 -0.4 0.4 for Age, Weight (fema -0.1	Age-Matched Z-Score -0.3 -0.6 0.2 es 25-100 kg), Ethrec 93	Analy: atched z-Score	zed: ВМС (9) 12.24	7/5/2006 Area (cm²) 10.94	1:59:06 PM Width (cm) 3.7
Image not for diagnosis	BUD (g/cm <sup>2</sup> ) 1.25 (Grave 1.13 1.01 1.01 0.08 0.76 (G) (eccparia 0.50 0.50 0.50 0.50 (ECC) 20 30 40 50 (EC 70 Ape (bear) L1 L2	Total YATScore Region Region Total 1 1 1 2 3 4 5 90 90 100 1.118 1.203	вчо (g/cm²) 0.973 0.801 1.055 Масснея 99 100	Young-Adult T-Score -0.5 -0.4 0.4 0.4 for Age, Weight (femal -0.1 0.0	Age-Matched 2-Score -0.3 -0.6 0.2 es 25-100 lg), Ethec 93 95	Analy: itched 2-Score -0.7 -0.6	<b>BMC</b> (g) 12.24 14.42	7/5/2006 Area (cm²) 10.94 11.99	1:59:06 PM Width (cm) 3.7 3.7 3.7
Image not for diagnosis	BID (g/m <sup>2</sup> ) 1.25 1.25 0.000 0.75 0.75 0.5	Total YATScore Region Region 1 1 1 1 1 1 1 1 1 1 1 1 1	вно (q/cm²) 0.973 0.801 1.055 Масснея 99 100 91	Young-Adult T-Score -0.5 -0.4 0.4 for Age, Weight (femal -0.1 0.0 -0.9	Age-Matched 2-5core -0.3 -0.6 0.2 es 25-100 kg), Ethnic 93 95 86	Analy: stched z-Score -0.7 -0.6 -1.5	<b>BMC</b> (9) 12.24 14.42 14.02	7/5/2006 Area (cm²) 10.94 11.99 12.88	1:59:06 PM Width (cm) 3.7 3.7 3.7 3.7 3.7
Image not for diagnoss	BID (g/m <sup>2</sup> ) 1.25 1.00 0.75 0.50 0.50 0.38 20 30 40 50 60 70 Age (perc) L1 L2 L3 L4	Total YATScore 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	вмо (ø/m) 0.973 0.801 1.055 Массеа 99 100 91 91 96	Young-Adult T-Score -0.5 -0.4 0.4 0.4 for Age, Weight (femal -0.1 0.0 -0.9 -0.4	Age-Matched 2-Score -0.3 -0.6 0.2 es 25-100 kg), Ethnic 93 95 86 91	Analy: atched z-Score -0.7 -0.6 -1.5 -0.9	<b>BMC</b> (9) 12.24 14.42 14.02 14.55	7/5/2006 Area (cm²) 10.94 11.99 12.88 12.57	1:59:06 PM Width (cm) 3.7 3.7 3.7 4.1
Image not for diagnoss	BUD (g/cm <sup>2</sup> ) 1.25 (g/cm <sup>2</sup> ) 1.35 (g/cm <sup>2</sup> ) 0.89 (g/cm <sup>2</sup> ) 0.60 (g/cm <sup>2</sup> ) 0.50 (g/cm <sup>2</sup> ) 1.12 (g/cm <sup>2</sup> )	Total YATScore Region Neck Troch Total 1 1 2 30 90 100 1.118 1.203 1.088 1.157 1.162	вно (а/стр) 0.973 0.801 1.055 Массеа 99 100 91 96 100	Young-Adult T-Score -0.5 -0.4 0.4 -0.4 0.4 for Age, Weight (femal -0.1 0.0 -0.9 -0.4 0.0	Age-Matched 2-Score -0.3 -0.6 0.2 es 25-100 kg), Ethec 93 95 86 91 94	Analy: atched z-score -0.7 -0.6 -1.5 -0.9 -0.6	<b>BMC</b> (9) 12.24 14.42 14.02 14.55 26.66	7/5/2006 Area (cm²) 10.94 11.99 12.88 12.57 22.93	1:59:06 PM Width (cm) 3.7 3.7 3.7 4.1 3.7
Image not for diagnoss	BUD (g/m <sup>2</sup> ) 1.25 (g/m <sup>2</sup> ) 1.01 (g/m <sup>2</sup> ) 1.01 (g/m <sup>2</sup> ) 0.089 (g/m <sup>2</sup> ) 0.089 (g/m <sup>2</sup> ) 0.09	Total YA T 5000 Region Neck Troch Toch Toch Toch 1.118 1.203 1.088 1.157 1.162 1.136	вно (ø/см*) 0.973 0.801 1.055 Массее 99 100 91 96 100 91 96	Young-Adult T-Score -0.5 -0.4 0.4 -0.4 0.4 for Age, Weight (femal -0.1 0.0 -0.9 -0.4 0.0 -0.3	Age-Matched 2-Score -0.3 -0.6 0.2 es 25-100 kg), Ethnic 93 95 86 91 94 92	Analy: stched z-score -0.7 -0.6 -1.5 -0.9 -0.6 -0.9	<b>BMC</b> (g) 12.24 14.42 14.02 14.55 26.66 40.68	7/5/2006 Area (cm²) 10.94 11.99 12.88 12.57 22.93 35.82	1:59:06 PM Width (cm) 3.7 3.7 3.7 4.1 3.7 3.7 3.7 3.7
Image not for diagnosis	BUD (g/m <sup>2</sup> ) 1.25 (G/m <sup>2</sup> ) 1.35 (G/m <sup>2</sup> ) 0.080 (G/m <sup>2</sup> ) 0.076 (G/m <sup>2</sup> ) 0.50 (G/m <sup>2</sup> ) 0.00	Total YATSCOP Part Score Region Region Total Troch Toch Total 1 1 1 2 3 4 5 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	вно (g/cm*) 0.973 0.801 1.055 Массна 99 100 91 96 100 97 97 97	Young-Adult T-Score -0.5 -0.4 -0.4 -0.4 -0.1 0.0 -0.9 -0.4 0.0 -0.3 -0.3	Age-Matched 2-Score -0.3 -0.6 0.2 es 25-100 lg), Ethec 93 95 86 91 94 92 91	Analy: itched 2-Score -0.7 -0.6 -1.5 -0.9 -0.6 -0.9 -0.9 -0.9 -0.9	<b>BMC</b> (g) 12.24 14.42 14.02 14.55 26.66 40.68 55.23	7/5/2006 Area (cm²) 10.94 11.99 12.88 12.57 22.93 35.82 48.39	1:59:06 PM Width (cm) 3.7 3.7 3.7 4.1 3.7 3.7 3.7 3.7 3.7 3.8

44F Steroids 4Y

(9.30)

(9.30)

Height

(cm)

2.97

3.26

3.44 3.05

6.22

9.66

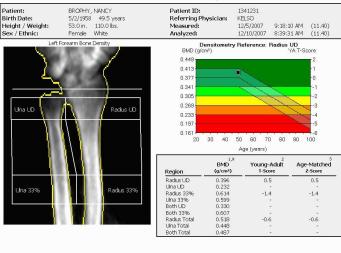
12.71

6.69

9.74

6.48

Height / Weight: Sex / Ethnic:	62.0 in. Female	182.0 lbs Hispanic	•]		Meası Analy		7/5/2006 7/5/2006	1:57:23 PM 1:58:45 PM	(9.30) (9.30)
ANCILLARY RE	SULTS [	Left Fe	mur]						
Region	1 BMD (g/cm²)	Your (%)	2 Ig-Adult T-Score	Age-N (%)	3 Aatched Z-Score	BMC (g)	Area (cm²)		
Neck	1.045	101	0.1	103	0.2	3.96	3.79		
Upper Neck	0.889	108	0.6	105	0.4	1.65	1.86		
Wards	0.890	98	-0.2	98	-0.1	1.42	1.60		
Troch	0.882	104	0.3	102	0.1	9.66	10.95		
Shaft	1.321	Ξ.	-	1000	-	17.67	13.37		
Total	1.113	110	0.8	108	0.7	31.30	28.12		
Height / Weight:	62.0 in.	182.0 lbs			Meas	ured:	7/5/2006	1:58:07 PM	(9.30)
								1:58:07 PM 1:58:48 PM	(9.30) (9.30)
Height / Weight:	62.0 in. Female	182.0 lbs Hispanic			Meas		7/5/2006		
Height / Weight: Sex / Ethnic: ANCILLARY RE	62.0 in. Female	182.0 lbs Hispanic <b>Right F</b>			Meas		7/5/2006		
Height / Weight: Sex / Ethnic: ANCILLARY RE	62.0 in. Female SULTS [ BMD <sup>1</sup>	182.0 lbs Hispanic <b>Right F</b> Your	e <b>mur]</b> Ig-Adult	Age-1	Meas Analy Matched	zed: BMC	7/5/2006 7/5/2006 <b>Area</b>		
Height / Weight: Sex / Ethnic: <b>ANCILLARY RE</b> Region	62.0 in. Female SULTS [ BMD (g/cm²)	182.0 lbs Hispanic <b>Right F</b> Your (%)	emur] ig-Adult T-Score	Age-N	Meas Analy Matched Z-Score	zed: BMC (g)	7/5/2006 7/5/2006 Area (cm²)		
Height / Weight: Sex / Ethnic: ANCILLARY RE Region	62.0 in. Female SULTS [ BMD (g/cm²) 0.973	182.0 lbs Hispanic Right F Your (%) 94	<b>emur]</b> ig-Adult T-Score -0.5	<b>Age-</b> 1 (%) 96	Meas Analy Matched z-score -0.3	<b>BMC</b> (9) 5.20	7/5/2006 7/5/2006 Area (cm²) 5.34		
Height / Weight: Sex / Ethnic: ANCILLARY RE Region Neck Upper Neck	62.0 in. Female SULTS [ BMD (g/cm²) 0.973 0.882	182.0 lbs Hispanic <b>Right F</b> Your (%) 94 107	emur] ag-Adult T-Score -0.5 0.5	<b>Age-</b> 1 (%) 96 104	Meas Analy Matched Z-Score -0.3 0.3	<b>BMC</b> (9) 5.20 2.31	7/5/2006 7/5/2006 Area (cm²) 5.34 2.62		
Height / Weight: Sex / Ethnic: ANCILLARY RE Region Neck Upper Neck Wards	62.0 in. Female SULTS [ BMD (g/cm²) 0.973 0.882 0.990	182.0 lbs Hispanic <b>Right F</b> Your (%) 94 107 109	<b>emur]</b> ig-Adult T-Score -0.5 0.5 0.6	<b>Age-1</b> (%) 96 104 109	Meas Analy Matched Z-Score -0.3 0.3 0.6	<b>BMC</b> (9) 5.20 2.31 3.14	7/5/2006 7/5/2006 Area (cm²) 5.34 2.62 3.17		



### Image not for diagnosis - Statistically 68% of repeat scans fall within 1SD (± 0.016 g/cm<sup>2</sup> for Left Forearm Radius UD) 2 - NHANES (ages 20-30) / USA (ages 20-40) Forearm Reference Population (v105) Printed: 12/10/2007 8:40:25 AM (11.40)76:0.15:50.00:12.0 0.00:6.20 0.60x1.05 5.1:%Fat=39.7% 0.00:0.00 0.00:0.00 2 - Initialia (digita (digita) Forearm Length: 20.8 cm Filename: Sp6lsjc63.dfa Scan Mode: Standard 2.0 µGy

GE Healthcare

COMMENTS:

Lunar Prodicy DF+15771

#### **Bone Density Diagnostic Center** Dept. of Radiology, UCSD Medical Center 330 Lewis Street, Suite 202 San Diego, CA 92103

Patient:	BROPHY, NANCY	Patient ID:	1341231		
Birth Date:	5/2/1958 49.5 years	Referring Physician:	KELSO		
Height / Weight:	53.0 in. 110.0 lbs.	Measured:	12/5/2007	9:18:10 AM	(11.40)
Sex / Ethnic:	Female White	Analyzed:	12/10/2007	8:39:31 AM	(11.40)

#### ANCILLARY RESULTS [Left Forearm]

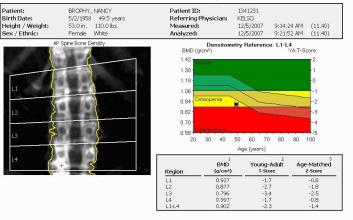
	BMD 1,9		2 Ig-Adult		3 Matched	9 BMC	Area
Region	(g/cm²)	(%)	T-Score	(%)	Z-Score	(g)	(cm²)
Radius UD	0.396	105	0.5	105	0.5	1.30	3.30
Ulna UD	0.232	-	12	1.0	-	0.51	2.19
Radius 33%	0.614	86	-1.4	86	-1.4	1.46	2.37
Ulna 33%	0.599	-	-	-	-	1.37	2.29
Both UD	0.330		12		12 C	1.81	5.49
Both 33%	0.607		-			2.83	4.66
Radius Total	0.518	94	-0.6	94	-0.6	5.50	10.62
Ulna Total	0.448	2	-		12	3.82	8.52
Both Total	0.487		1.0	-		9.32	19.14

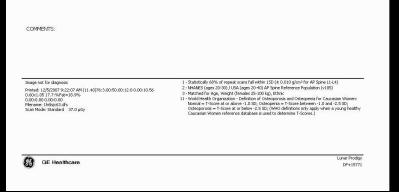
1 -Statistically 68% of repeat scans fall within 150 (± 0.016 g/cm² for Left Forearm Radus UD) 2 -NHANES (ages 20-30) / USA (ages 20-40) Forearm Reference Population (v105) 3 -Matched for Age, Ethnic 9 -SPA calibration in use: (SPA values are 10% lower than Comac values.)

Filename: Sp6lsic63.dfa

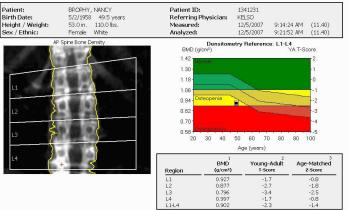
GE Healthcare

Lunar Prodigy DF+15771





#### Bone Density Diagnostic Center Dept. of Radiology, UCSD Medical Center 330 Lewis Street, Suite 202 San Diego, CA 92103



COMMENTS:

Image not for diagnosis Printed: 12/5/2007 9:22:07 AM (11.40)76:3.00:50.00:12.0 0.00:10.56	<ol> <li>Statistically 68% of repeat scans fall within 15D (± 0.010 g/cm<sup>2</sup> for AP Spine L1-L4)</li> <li>NHANES (ages 20-30) / USA (ages 20-40) AP Spine Reference Population (v105)</li> </ol>
δολ.1.69 17.7,7% Fe = 18.9% 000:0.00.0.00.00 illename: tholspido.dfs Kan Midde: Standard 37.0 μGy	3 - Hotchel für Age, Weight (Renades 25-1016)), Ethric 11 - Weid Hearth Organization - Ottopprovisi and Oxteopenia for Caucasian Women: Normal = 1-Score at or above - 10.30; Oktopprina = 1-Score between - 10 and -2,5 300; Oxteoporasis = 1-Score at or above - 25.50; (WHI of Almotox ork) apply when a young healthy Caucasian Women reference distations is used to determine 1-Scores.)
~	Luna Prody
GE Healthcare	DF+1577

Patient:	BROPHY, NANCY	Patient ID:	1341231		
Birth Date:	5/2/1958 49.5 years	Referring Physician:	KELSO		
Height / Weight:	53.0 in. 110.0 lbs.	Measured:	12/5/2007	9:14:24 AM	(11.40)
Sex / Ethnic:	Female White	Analyzed:	12/5/2007	9:21:52 AM	(11.40)

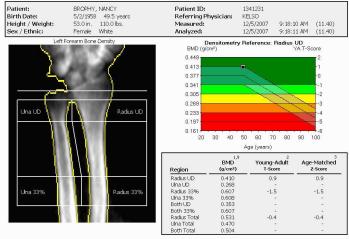
#### **ANCILLARY RESULTS [AP Spine]**

Region	BMD (g/cm²)	Your (%)	2 ng-Adult T-Score	Age-l (%)	3 Matched Z-Score	BMC (g)	Area (cm²)	Width (cm)	Height (cm)
L1	0.927	82	-1.7	90	-0.8	15.35	16.57	4.8	3.46
L2	0.877	73	-2.7	80	-1.8	14.52	16.57	5.2	3.18
L3	0.796	66	-3.4	73	-2.5	12.53	15.73	5.5	2.84
L4	0.997	83	-1.7	91	-0.8	17.84	17.89	5.4	3.32
L1-L2	0.902	77	-2.2	85	-1.3	29.88	33.14	5.0	6.63
L1-L3	0.868	74	-2.5	81	-1.7	42.41	48.87	5.2	9.48
L1-L4	0.902	76	-2.3	84	-1.4	60.24	66.76	5.2	12.80
L2-L3	0.838	70	-3.0	76	-2.2	27.05	32.30	5.4	6.02
L2-L4	0.894	75	-2.5	82	-1.7	44.89	50.19	5.4	9.34
L3-L4	0.903	75	-2.5	82	-1.6	30.36	33.62	5.5	6.17

## 1 -Statistically 68% of repeat scans fall within 15D (± 0.010 g/cm² for AP Spine L1-L4) 2-NHAKES (ages 20-40) USA (ages 20-40) AP Spine Reference Population (v105) 3-Matched for Age, Weight (females 25-100 kg), Ethnic Flename: Ith/6k/st0.4%

Lunar Prodigy DF+15771

#### Bone Density Diagnostic Center Dept. of Radiology, UCSD Medical Center 330 Lewis Street, Suite 202 San Diego, CA 92103



#### COMMENTS:

lmáge not for diagnosis 51.1%8-μ-97.9% 0.00.000 (0.00.000 for 0.000 for 0.000.000 (0.000 for 0.000 for 0.0000 for 0.000 for 0.000 for 0.0000 for 0.000 for 0.0000 for	<ol> <li>Editional (1996) of regels cares fail within 150 (24 0.016 grant for Leff Toream Radius UD)</li> <li>Helder (1996) 2009) UDA (1996) 2000 (1996) regels reference Topulation (1006)</li> <li>Helder (1996) 2009) UDA (1996) 2000 (1996) 2000 (1996)</li> <li>Helder (1996) 2000 (1996) 2000 (1996) 2000 (1996)</li> <li>Helder (1996) 2000 (1996) 2000 (1996) 2000 (1996)</li> <li>Helder (1996) 2000 (1996) 2000 (1996) 2000 (1996) 2000 (1996)</li> <li>Helder (1996) 2000 (</li></ol>
GE Healthcare	Lunar Prodgy DF+15771

Patient:	BROPHY, NANCY	Patient ID:	1341231		
Birth Date:	5/2/1958 49.5 years	Referring Physician:	KELSO		
Height / Weight:	53.0 in. 110.0 lbs.	Measured:	12/5/2007	9:18:10 AM	(11.40)
Sex / Ethnic:	Female White	Analyzed:	12/5/2007	9:18:11 AM	(11.40)

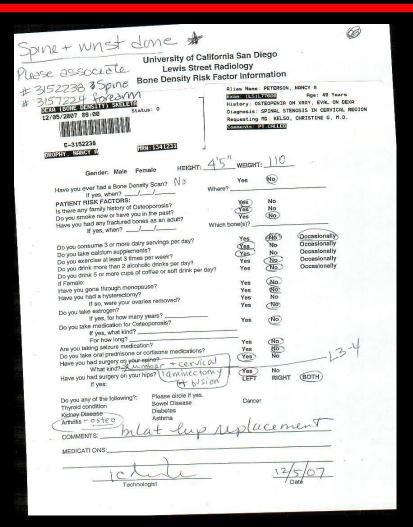
#### ANCILLARY RESULTS [Left Forearm]

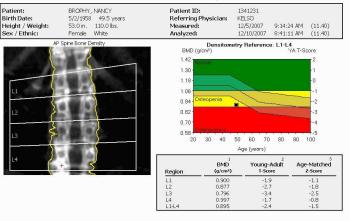
	BMD 1,9		g-Adult		3 Matched	9 BMC	Area
Region	(g/cm²)	(%)	T-Score	(%)	Z-Score	(g)	(cm²)
Radius UD	0.410	109	0.9	109	0.9	1.22	2.98
Ulna UD	0.268	-	-		-	0.54	2.02
Radius 33%	0.607	85	-1.5	85	-1.5	1.45	2.39
Ulna 33%	0.608	-	-	-	-	1.41	2.32
Both UD	0.353	-	-		4	1.76	5.00
Both 33%	0.607	-	-		Ξ.	2.86	4.71
Radius Total	0.531	97	-0.4	97	-0.4	5.38	10.13
Ulna Total	0.470	-	12	-	12	3.92	8.34
Both Total	0.504	-		-		9.30	18.47

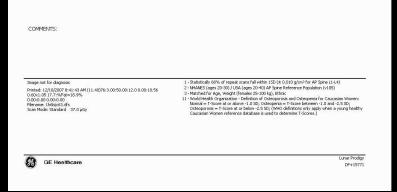
1 : 3-tasticative (6% of request score) fail within 13:04 (40.016 g/cm<sup>-1</sup> for (dif Freeam Radus UD) 2-MeNAES (score) 20:03) (USA (score 20-04) Foream Reference Population (v105) 3 : Noticed for Apa, Ethnic 9-478A calibration in use: (SRA Vaulues are 10% lewer than Consc: values.) Filename: 5p60;c0.3 da

GE Healthcare

DF+15771







#### **Bone Density Diagnostic Center** Dept. of Radiology, UCSD Medical Center 330 Lewis Street, Suite 202 San Diego, CA 92103

Patient: Birth Date:	BROPHY, NANCY 5/2/1958 49.5 years	Patient ID: Referring Physician:	1341231 KELSO		
Height / Weight:	53.0 in. 110.0 lbs.	Measured:	12/5/2007	9:14:24 AM	(11.40)
Sex / Ethnic:	Female White	Analyzed:	12/10/2007	8:41:11 AM	(11.40)

#### **ANCILLARY RESULTS [AP Spine]**

Region	BMD (g/cm²)	Your (%)	2 ng-Adult T-Score	Age- (%)	3 Matched Z-Score	BMC (g)	Area (cm²)	Width (cm)	Height (cm)
L1	0.900	80	-1.9	88	-1.1	12.43	13.81	4.9	2.84
L2	0.877	73	-2.7	80	-1.8	14.52	16.57	5.2	3.18
L3	0.796	66	-3.4	73	-2.5	12.53	15.73	5.5	2.84
L4	0.997	83	-1.7	91	-0.8	17.84	17.89	5.4	3.32
L1-L2	0.887	76	-2.3	84	-1.4	26.95	30.38	5.0	6.01
L1-L3	0.856	73	-2.6	80	-1.7	39.48	46.11	5.2	8.85
L1-L4	0.895	76	-2.4	83	-1.5	57.31	64.00	5.3	12.18
L2-L3	0.838	70	-3.0	76	-2.2	27.05	32.30	5.4	6.02
L2-L4	0.894	75	-2.5	82	-1.7	44.89	50.19	5.4	9.34
L3-L4	0.903	75	-2.5	82	-1.6	30.36	33.62	5.5	6.17

1 -Statistically 68% of repeat scans fall within 1SD (± 0.010 g/cm² for AP Spine L1-L4) 2 -NHANES (ages 20-30) / USA (ages 20-40) AP Spine Reference Population (v105) 3 -Matched for Age, Weight (females 25-100 kg), Ethnic Filename: 1h6lsjc63.dfs

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Lunar Prodigy DF+15771

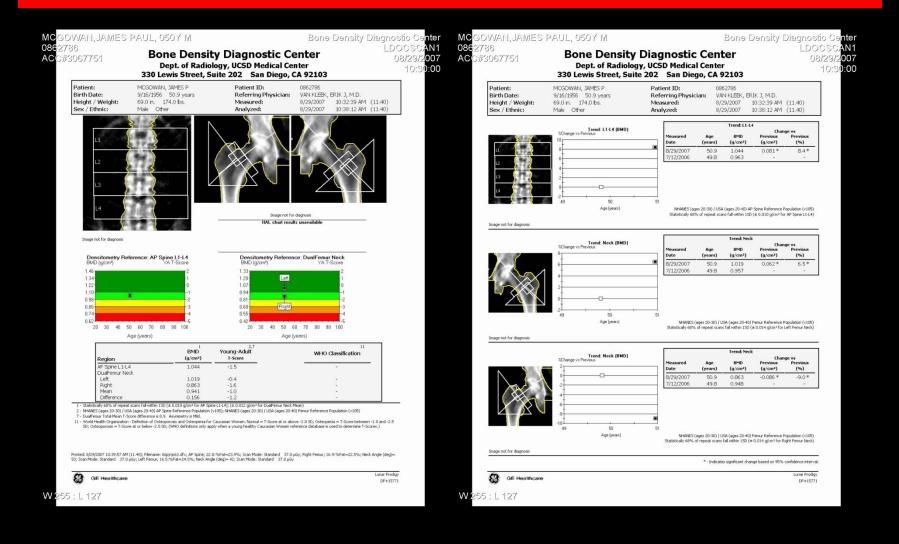
### DEXA spine posterior decompression 49F

Description of consume of the server of consume of cons	33 33 33 33 33 33 33 33 33 33	ante: 12889 A aht: <u>171</u> No No	UP/COMPARE PERT, MORTON E, M.D.	•	Patient: Birth Date: Height / Wei Sex / Ethnic: L1 L2 L3 L4		1.46 1.34- 1.22- 1.10 0.98 0.68 0.74 0.62 20 40 60 80 Age (years) BMD Region (g/cm <sup>3</sup> )	Score %Change vs Previous 2 10 1 8 0 6 -1 4 -2 2 -3 2 -4 0 -5 -2 -4 5 -5 -2 -4 5 -5 -2 -4 5 -5 -2 -4 5 -5 -2 -4 5 -5 -2 -5
Cender: And Female  Gender: And Female  Have you ever had a Bone Density Scan?  If yes, when?  PATIENT RISK FACTORS: Is there any family history of Osteoporosis? Bo you serke and or have you in the pass?  Have you had any tractured bones as an adult? If yes, when?  Do you consume 3 or more dairy servings per of Do you consume 3 or more dairy servings per of Do you cake calcium supplements?  Do you cake calcium supplements? Do you drink for more cups of offee or soft of If Female: Have you fand a hysterectom?  If you drink for more your ovaries removed? Do you take estrogen?  If yos, when your ovaries removed? Do you take estrogen?	EIGHT: 5' 9'' WEIG Where? Yes Where? Yes Which bore(s)? ay? Yes ay? Yes ay? Yes ay? Yes ay? Yes Yes Yes	171 171 No 280 No 200 200 200 200 200 200 200 200 200 20	Ccasionally Occasionally Occasionally Occasionally		L1 L2 L3 L4	AP Spine Bone Density	BMD (g/orr*) VA T- 1-45 1-34 1-34 1-22 1.10 0-98 0-86 0-74 20 40 60 80 Age (vers) Region (g/orr*)	Score %Change vs Previous 2 10 1 8 0 6 -1 4 -2 2 -3 2 -4 0 -5 -2 -4 5 -5 -2 -4 5 -5 -2 -4 5 -5 -2 -4 5 -5 -2 -4 5 -5 -2 -5
Have you ever had a Bone Density Scan? If yes, when? PATIENT RISK FACTORS: Is there any family history of Osteoporosis? Do you smoke now or have you in the past? Have you had any fractured bones as an adult? If yes, when?/? 3/ Do you consume 3 or more dairy servings per of Do you take calcium supplements? Do you take calcium supplements? Do you drink for more upa of coffee or solt dri If Female: Have you gone through menopause? Have you had a hysterectomy? If so, were your ovaries removed? Do you take estrogen?	Yes Where? Yes Yes Which bone(s)? ay? Yes ay? Yes ay? Yes ink per day? Yes Yes	NO 20 2 2 2 AN 29 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Occasionally Occasionally Occasionally Occasionally		L1 L2 L3 L4		1.10 .98 .98 .04 .62 .20 .40 .60 .80 .40 .60 .80 .40 .60 .80 .40 .60 .80 .40 .60 .80 .40 .60 .80 .40 .60 .60 .60 .60 .60 .60 .60 .6	Age (years) 2 Young-Adult
If yes, when?	Where? Yes (Yes) Which bone(s)? ay? Yes ay? rys ay? Yes ink per day? Yes Yes	No Anky Zeze	Occasionally Occasionally Occasionally		L2 L3 L4		0.74 0.62 20 40 60 80 Age (years) 1 Region (a/m²)	Age (years) 2 Young-Adult
Have you had any fractured bones as an adult? If yes, when?	Which bone(s)? which bone(s)? ay? Yes Yes ay? Yes ink per day? Yes Yes	Anke No 20 No 20 No 20 No 20 No	Occasionally Occasionally Occasionally		L3 L4		20 40 60 80 Age (years) I BMD Region (g/cm²)	Age (years) 2 Young-Adult
Do you take calcium supplements? Do you exercise at least 3 times per week? Do you drink more than 2 alcoholic drinks per d Do you drink 5 or more cups of coffee or soft dr it Fernale: Have you gone through menopause? Have you had a hysterectomy? If so, were your ovaries removed? Do you take estrogen? If wes, for how many wears?	Yes Yes ay? Yes ink per day? Yes Yes	No No	Occasionally Occasionally Occasionally		L4		Region (g/cm²)	
Have you gone through menopause? Have you had a hysterectom?? If so, were your ovaries removed? Do you take estrogen? If yes, for how many years?			o o o o o o o o o o o o o o o o o o o		- 20		L1 0.980 L2 1.029 L3 1.135 L4 1.025	-1.8 -0.9
If yes, for how many years?	Yes Yes Yes	No No No					L1-L4 1.044	
If yes, what kind?	Yes	No					Measured Age	Trend: L1-L4 I Change vs BMD Previous Previous
Are you taking seizure medication? Do you take oral prednisone or cortisone medic Have you had surgery on your spine? What kind?		No			COMMENTS:		Date         (years)           8/29/2007         50.9           7/12/2006         49.8	(g/cm²)         (g/cm²)         (%)           1.044         0.081*         8.4*           0.963         -         -
Have you had surgery on your hips? If yes: Do you any of the following?: Please circl	e if yes.	T RIGHT	BOTH					
Thyfold condition Kidney Disease Arthritis COMMENTS:	r transpl	Cant	Crass	mite	0.60×1.05 22.8:%F 0.00:0.00 0.00:0.0 Filename: 8zpinic63	7 10:39:15 AM (11.40)76:3.00:50.00:12.0 0.00:10.02 Føt=23.9% 00 3.dfx	2 - NHANES (ages 20-30) / USA (ages 2 11 - World Health Organization - Definitio Normal = T-Score at or above -1.0 S	all within 15D (± 0.010 g/cm <sup>2</sup> for AP Spine L1-L4) 20-40) AP Spine Reference Population (v105) ion of Osteoporosis and Osteoperia for Caucasian Women: 50: Osteoporais = 1-Score between -1.0 and -2.5 50;
	loride, pran Lature, To	ranzon	<u>Layis</u> -6 <u>e</u> <u>Ambance</u> <u>29-07</u>	epric	Scan Mode: Standa	ard 37.0 µGy	Osteoporosis = 1-Score at or below Caucasian Women reference databa	-2.5 SD; (WHO definitions only apply when a young healthy
Latelose the Technologist	2	8-	27-07_ Date		GE HA	althcare		Lunar Prodigy DF+15771

57751	De	ept. of R	adiolog	y, UCSD	Nostic C Medical Co San Diego,	enter		LD	1786 #3067751 Bone Density Diagnostic Center Dept. of Radiology, UCSD Medical Center 330 Lewis Street, Suite 202 San Diego, CA 92103	L <u>[</u>
atient: rth Date: eight / Weight: ex / Ethnic:	MCGOWAN, . 9/16/1956 69.0 in. 17 Male Other	50.9 years /4.0 lbs.		Patier Refer Meas Analy	ring Physician: ured:	0862786 VAN KLEEK, 8/29/2007 8/29/2007	, ERIK J, M.D. 10:32:39 AM 10:38:12 AM		Patient:         MCGOWAN, JAMES P         Patient ID:         0862786           Birth Date:         9/15/1956         50.9 years         Referring Physician:         0862786           Height / Weight:         69.0 n.         174.0 bs.         Measured:         8/29/2007           Sex / Ethnic:         Male         Other         Analyzed:         8/29/2007	, ER.IK J, M.D. 10:35:03 AM (11.40) 10:38:14 AM (11.40)
ICILLARY RE	SULTS [AP	Spine]								Trend: Neck (BMD) ange vs Previous
gion	BMD (g/cm²)	Young-Ad (%) T-Sc		-Matched z-Score	BMC (9)	Area (cm²)	Width (cm)	Height (cm)	1.33	
L1 L2 L3 L14 L142 L143 L144 L243 L244 L344	0.980 1.029 1.135 1.025 1.004 1.051 1.044 1.064 1.063 1.077	84 -1 83 -1 92 -0 83 -1 84 -1 87 -1 86 -1 87 -1 86 -1 87 -1	.8 - .9 - .8 - .3 - .3 - .5 - .5 -	-	15.23 16.41 19.89 19.94 31.64 51.53 71.47 36.30 56.24 39.83	15.55 15.96 17.52 19.44 31.50 49.03 68.47 33.48 52.92 36.97	4,4 4,5 5,0 4,3 4,4 4,5 4,4 4,6 4,8	3.57 3.78 3.89 7.35 11.24 15.12 7.67 11.55 7.77	Region (a/cm²) T-5 Neck 1.019 -0	0 Age (years) <b>50</b> Age (years) <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b>50</b> <b></b>
									HAL chart results unavailable	
									Trend: Neck	
									Measured Age BMD Date (years) (g/m²)	Change vs Previous Previous (g/cm²) (%)
									Measured Age BMD	Previous Previous
s Statistically 66% of repose MMMES (apps 20-20) (U Plerame: Stephylol.dfx	USA (ages 20-40) AP Spin	& 0.010 g/cm <sup>3</sup> fr	r AP Spine L1-1 sulation (v105)	L4)					Measured Date         Age (rear)         BMD (s/m)           6/29/2007         50.9         1.019	Previous (g/cm³)         Previous (%)           0.062*         6.5*           rerval.         6.5*           rerval.         6.5*           on Order for Left Ferrar Nedo) and Otherpering for Caucitation Works and Otherpering for Caucitation Works and Otherpering for Caucitation Works

5 067751	D	ept. of	Radi	ology,	UCSD	Medical Ce San Diego,	nter		00050AN1 0862 03/29/2007 ACC 10:30:00	#3067751	Bone Densit Dept. of Radiol 330 Lewis Street, Su	ogy, UCSD Medic	al Center		LDI
Patient: Birth Date: Height / Weight: Sex / Ethnic:	MCGOWAN, 9/16/1956 69.0 in. 1 Male Othe	50.9 yea 74.0 lbs.			Patien Referr Measu Analyz	ing Physician: red:	0862786 VAN KLEEK, 8/29/2007 8/29/2007	ERIK J, M.D. 10:35:03 AM (11.40) 10:38:14 AM (11.40)		Patient: Birth Date: Height / Weight: Sex / Ethnic:	MCGOWAN, JAMES P 9/16/1956 50.9 years 69.0 in. 174.0 lbs. Male Other	Patient ID: Referring Phys Measured: Analyzed:	0862786 cian: VAN KLE 8/29/200 8/29/200	EK, ERIK J, M.D. 17 10:36:01 AM (11	
NCILLARY RE	SULTS [Le	ft Fem	nur]							P	light Femur Bone Density	Densitometry Refer BMD (g/cm²)		Trend: Neck (BMI Change vs Previous	))
egion	BMD (g/cm²)	Young- (%)	-Adult T-Score	Age-Ma (%) z		BMC (g)	Area (cm²)					1.33	2 1		
Neck Upper Neck Lower Neck Wards Troch Shaft Trotal	1.019 0.877 1.163 0.787 0.886 1.258 1.110	95 96 95 101	-0.4 -0.3 -1.3 -0.4 -0.1				6.76 3.41 3.35 5.07 8.59 17.02 32.36					1 07- 0.94 0.81 0.68 0.55 0.42 20 40 60 Age (year Neck Total	s) BMD You	49 50 Age (years) mg-Aduit -1.6 -0.9	5
										ни	AL chart results unavailable	_			
												Measured Ag Date (yes	e BMD (g/cm²)	Change vs Previous Prev	vious %)
										COMMENTS:			0.9 0.863 9.8 0.948	-0.086 * -9	9.0 *
1 -Statistically 68% of reposi 2 -BeH44ES (ages 20-30) / US Filename: 8zphjc63.dfx					0				-	Image not for diagnosis Preted: 8/29/2071-10:57 0.601.01 51:69:458-46-2 0.000.00 0.000.000 Neck Angle (659)=53 Filmame: Utpylo53.dfx 5can Midd: Standard 37		2 - NHANES (ages 20-30) / U 11 - World Health Organization Normal = T-Score at or ab	scans fall within 1SD (± I A (ages 20-40) Femur Re - Definition of Osteoporo ove -1.0 SD; Osteopenia or below -2.5 SD; (WHO	0.014 g/cm <sup>3</sup> for Right Femur Necl ference Population (v105) sis and Osteopenia for Caucasiar = T-Score between -1.0 and -2.5 definitions only apply when a you definitions only apply when a you	n Women: 5 SD;
6								Lunar Prod DF+157	dgy	GE Healthca				L.	unar Prodig

5 067751	D	ept. of	Radio	logy, UCS	GNOSTIC C SD Medical C San Diego,	enter	<u>با با</u>	0005CAN1 0862 03/29/2007 ACC; 10:30:00	#3067751	Bone Density Dept. of Radiolo 330 Lewis Street, Sui	gy, UCSD Medical (	Center	ł
Patient: Birth Date: Height / Weight: Sex / Ethnic:	MCGOWAN 9/16/1956 69.0 in. 1 Male Oth	50.9 yea 174.0 lbs.	rs	Ref Me	ient ID: ierring Physician: asured: ılyzed:	0862786 VAN KLEEK, 8/29/2007 8/29/2007	ERIK J, M.D. 10:36:01 AM (11.40) 10:38:16 AM (11.40)		Patient: Birth Date: Height / Weight: Sex / Ethnic:	MCGOWAN, JAMES P 9/16/1956 50.9 years 69.0 in. 174.0 lbs. Male Other	Patient ID: Referring Physiciar Measured: Analyzed:	0862786 VAN KLEEK 8/29/2007 8/29/2007	
NCILLARY RE	SULTS [Ri	ght Fer	mur]							DuaF	Femur Bone Density	,	
egion	BMD (g/cm <sup>2</sup> )	Young- (%) T		Age-Matched (%) Z-Score		Area (cm²)							
Neck Upper Neck Lower Neck Wards Troch Shaft Total	0.863 0.803 0.924 0.774 0.812 1.127 0.973	88 - 81 87 -	-1.6 -0.9 -1.4 -1.1 -0.9		6.32 2.97 3.35 4.50 9.19 19.32 34.83	7.32 3.70 3.63 5.81 11.33 17.15 35.79					j-l-2		
											ge not for diagnosis	1	2.7
									Denitometry Reference: b           BMD (g(mr))         YA T-9           1.33         Left           1.07         Left           0.94         P           0.94         P           0.94         P           0.68         Roght           0.55         0.42	Core 10 Change vs Previous	BM           Region         (a/ar)           Neck	D Young P 7-50 9 -0 3 -1 1 -1 6 -1 0 0 3 -0 1 -0	-Adult core 
									20 40 60 80 Age (vears)	100 49 50 51 Age (years)		Trend: Neck M	lean Change vs
									HAL char	t results unavailable	Measured Age Date (years)	(g/cm²)	(g/cm <sup>2</sup> ) (%
											8/29/2007 50.9 7/12/2006 49.8		-0.012 -1.
1 -Statistically 68% of repea 2 -NHANES (ages 20-30) / US Pilename: Raphylc63.dfx								_	2 - NHANES (ages 20-30) / USA ( 7 - DualFernur Total Mean T-Scor 11 - World Heakh Organization - D SD; Osteoporosis = T-Score a	ent fall-within 150 (4:0.012 g/cm? for Dual/femur gate 30-40) Femure Reference Roycalation (r105) difference 3:0.3. symmetry in Mila effection of Outeroporosis and Osteropenia For Ca. to below -2.5.50; (MHO definitions only apply 1	ucasian Women: Normal = T-Score at or when a young healthy Caucasian Wome	n reference database i	is used to determine T-Scores.)
~							Lunar Prod		Printed: 8/29/2007 10:39:50 AM (11 16.5:%Fat=24.5%; Neck Angle (de	.40); Filename: 8zpinjc63.dfx; Right Femur; 16.5 a)= 42; Scan Mode: Standard 37.0 µGy	9:%Fat=22.5%; Neck Angle (deg)= 53	; Scan Mode: Standard	
GE Healthcare							DF+15		GE Healthcare				Lunar I D#4



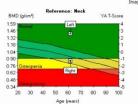


#### Rebecca and John Moores UCSD Cancer Center 3855 Health Sciences Dr. Rm 1220

La Jolla, CA 92093

Patient:	DERCOLE, DOMENICA	Facility ID:	1645058	
Birth Date:	9/22/1945 61.8 years	Referring Physician:	YU, PEARL	
Height / Weight:	64.2 in. 200.0 lbs.	Measured:	7/20/2007	11:47:38 AM (9.30)
Sex / Ethnic:	Female Hispanic	Analyzed:	7/20/2007	11:47:41 AM (9.30)





HAL chart results unavailable

	1	2,	7
Region	BMD (g/cm*)	Young-Adult T-Score	Age-Matched Z-Score
Neck			
Neck Left	1.388	2.5	3.3
Neck Right	0.845	-1.4	-0.6
Neck Mean	1.116	0.6	1.3
Neck Diff.	0.543	3.9	3.9
Total			
Total Left	1.508	4.0	4.4
Total Right	0.980	-0.2	0.2
Total Mean	1.244	1.9	2.3
Total Diff.	0.529	4.2	4.2

COMMENTS: F/U 2002

- Statistically 68% of repart scare fall within 15D (# 0.012 splin for Doubferror Hold: Mean)
   Hend HMES (oper 2010) [LIAR (oper 2040) Ferror Reference Topulation (r 105)
   Huthold for April Weight (Finalds Scare 100 split), filter
   Out Farmer Total Mean T-Score difference 4.4. Anymmetry is Significant.
   Hend Hand Angerstantin Definition of Orderpoints of Orderpo

Priezed: 7/20/2007 11:49:23 AM (9.30); Filename: gnphj/22gndfi; Right Fernur; 22.8/66Fat=32.7%; Neck Angle (deg)= 59; Scan Mode: Standard 37.0 µGy: Left Fernur; 21.0/96Fat=27.8%; Neck Angle (deg)= 64; Scan Mode: Standard 37.0 µGy: Left Fernur; 21.0/96Fat=27.8%; Neck Angle (deg)= 64; Scan Mode: Standard 37.0 µGy: Left Fernur; 22.8/66Fat=32.7%; Neck Angle (deg)= 59; Scan Mode: Standard 37.0 µGy: Left Fernur; 21.0/96Fat=27.8%; Neck Angle (deg)= 64; Scan Mode: Standard 37.0 µGy: Left Fernur; 22.8/66Fat=32.7%; Neck Angle (deg)= 59; Scan Mode: Standard 37.0 µGy: Left Fernur; 22.8/66Fat=32.7%; Neck Angle (deg)= 59; Scan Mode: Standard 37.0 µGy: Left Fernur; 22.8/66Fat=32.7%; Neck Angle (deg)= 59; Scan Mode: Standard 37.0 µGy: Left Fernur; 22.8/66Fat=32.7%; Neck Angle (deg)= 59; Scan Mode: Standard 37.0 µGy: Left Fernur; 22.8/66Fat=32.7%; Neck Angle (deg)= 59; Scan Mode: Standard 37.0 µGy: Left Fernur; 22.8/66Fat=32.7%; Neck Angle (deg)= 59; Scan Mode: Standard 37.0 µGy: Left Fernur; 22.8/66Fat=32.7%; Neck Angle (deg)= 59; Scan Mode: Standard 37.0 µGy: Left Fernur; 22.8/66Fat=32.7%; Neck Angle (deg)= 59; Scan Mode: Standard 37.0 µGy: Left Fernur; 22.8/66Fat=32.7%; Neck Angle (deg)= 59; Scan Mode: Standard 37.0 µGy: Left Fernur; 22.8/66Fat=32.7%; Neck Angle (deg)= 59; Scan Mode: Standard 37.0 µGy: Left Fernur; 22.8/66Fat=32.7%; Neck Angle (deg)= 59; Scan Mode: Standard 37.0 µGy: Left Fernur; 22.8/66Fat=32.7%; Neck Angle (deg)= 59; Scan Mode: Standard 37.0 µGy: Left Fernur; 22.8/66Fat=32.7%; Neck Angle (deg)= 59; Scan Mode: Standard 37.0 µGy: Left Fernur; 22.8/66Fat=32.7%; Neck Angle (deg)= 59; Scan Mode: Standard 37.0 µGy: Left Fernur; 22.8/66Fat=32.7%; Neck Angle (deg)= 59; Scan Mode: Standard 37.0 µGy: Left Fernur; 22.8/66Fat=32.7%; Neck Angle (deg)= 59; Scan Mode: Standard 37.0 µGy: Left Fernur; 22.8/66Fat=32.7%; Neck Angle (deg)= 59; Scan Mode: Standard 37.0 µGy: Left Fernur; 22.8/66Fat=32.7%; Neck Angle (deg)= 59; Scan Mode: Standard 37.0 µGy: Left Fernur; 22.8/66Fat=32.7%; Neck Angle (deg)= 59; Scan Mode: Standard

GE Healthcare

Lunar Prodigy Advance PA+130565

W 25<mark>5 : L 127</mark>

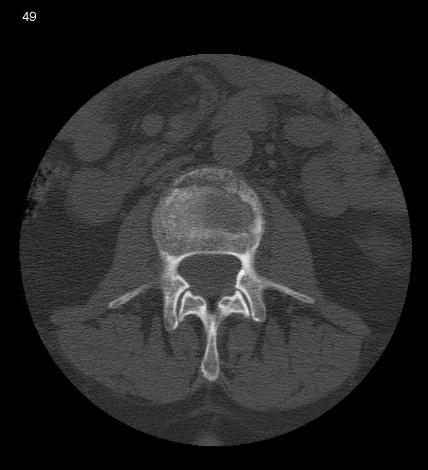
08/08	(BONE DENSITY) SKELETA	ty Risk Factor			13:21:04	C#3053266	Dept. of Radiolo 330 Lewis Street, Su	gy, UCSD Medical Ce ite 202 San Diego, G		0
	/2007 13:00 Status: 0	Alias Ecomp Histo	Name: (LS)L77080 ry: baselir	Age: 54 Years	•	Patient: Birth Date: Height / Weight: Sex / Ethnic:	WILLIS, WINNIE O 3/9/1943 64.4 years 61.0 in. 145.0 lbs. Female Black	Patient ID: Referring Physician: Measured: Analyzed:		21:04 PM (11.40) 47:28 PM (11.40)
	E-3053266	Reque		NING FOR OSTEOPOROSIS HEHTA, GITA, M.D. ]			AP Spine Bone Density	BMD (g/cm <sup>2</sup> ) 1.567 Normal	etry Reference: L	1-L4 YA T-Score
WILLI	S, WINNIE ODESSA MRH:1311841					L1		1.443		-2
	Gender: Male Female HEIG	HT: 5 ft 1 in WE	IGHT: _ / C	ts			3.3	1.195		-1
	e you ever had a Bone Density Scan? If yes, when? / /	Yes Where?	No	)	210 C (H	L2		0.947 <mark>Osteopenia</mark> 0.823		
PAT Is th	TENT RISK FACTORS: ere any family history of Osteoporosis?	Yes	(17)		100			0.699		4
Doy	ou smoke now or have you in the past? e you had any fractured bones as an adult?	Yes			*	L3	1000		50 60 70 8	80 90 100
	If yes, when?	Yes Which bone(s)?	No						Age (years)	2 3
Doy	ou consume 3 or more dairy servings per day?	Yes	No	Occasionally	A2	L4	2.4.5	BMD Region (g/cm²)	Young-Adu T-Score	It Age-Matched Z-Score
Do yo	ou exercise at least 3 times per week?	Yes	(No)	Occasionally		100 100		L1 1.154	0.1	1.0
Do yo Do yo If Fen	ou drink more than 2 alcoholic drinks per day? The drink 5 or more cups of coffee or soft drink per	Voc	No	Occasionally Occasionally Occasionally				L2 1.230 L3 1.243 L4 1.254	0.2 0.2 0.3	1.0 1.0 1.1
	iale: you gone through menopause?	(Yes)		contrary	2			L1-L4 1.223	0.2	1.1
	you had a hysterectomy?	Yes	No							
Do you	If so, were your ovaries removed? u take estrogen? If yes, for how many years?	Yes	No							
Do you	I take medication for Osteoporosis? If yes, what kind? For how long?	Yes	No							
	u taking seizure medication?	Yes	No							
Have y	take oral prednisone or cortisone medications? ou had surgery on your spine? What kind?	Yes Yes	No			COMMENTS:				
Have y	bu had surgery on your hips? If yes:	Yes	No	BOTH						
	any of the following?: Please circle if yes. Condition Bowel Disease	Cancer								
Kidney I Arthritis	Disease Diabetes	Gancer			- 1 - 2 - 1	Image not for diagnosis Printed: 8/8/2007 1:47:54 P	M (11.40)76:3.00:50.00:12.0 0.00:8.76 0.60×1.05	1 - Statistically 68% of repeat scans fal 2 - NHANES (ages 20-30) / USA (ages 2	0-40) AP Spine Reference P	
COMME	INTS: Diverticulosis					20.7:%Fat=28.9% 0.00:0.00 0.00:0.00 Filename: 6r1hm)c63.df× Scan Mode: Standard;One5i		3 - Matched for Age, Weight (females 2 11 - World Health Organization - Definitio Normal = T-Score at or above -1.0 9 Osteoporosis = T-Score at or below	in of Osteoporosis and Oste D; Osteopenia = T-Score b	between -1.0 and -2.5 SD:
MEDICA	TIONS: Vytoria 10/20 , L	Hamio B	Comply	N		scan mode: scandard;Unes	an 37.0 µay	Caucasian Women reference databa	ise is used to determine T-S	cores.)
	Ayr O		7-	8-07						
	Téchnologist		Date	the second second	1.1.1.1.1.1.1	GE Healthcar	e			Lunar Prodig DF+1577

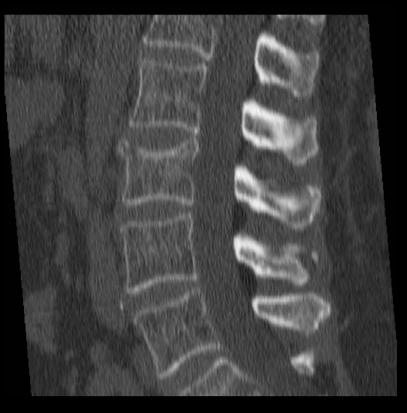
ient: h Date: ght / Weight: : / Ethnic:	WILLIS, V 3/9/1943 61.0 in. Female	64.4 ye 145.0 lbs	ears		Patier Refer Measu Analy	ring Physician: ured:	1311841 MEHTA,GI 8/8/2007 8/8/2007	TA 1:21:04 PM 1:47:28 PM		Patient: Birth Date: Height / Weight: Sex / Ethnic:	WILLIS, W 3/9/1943 61.0 in. Female I	64.4 y 145.0 lb	ears				1311841 MEHTA,GIT/ 8/8/2007 8/8/2007	1:22:19 PM 1:47:29 PM	
CILLARY RE	SULTS [A	P Spir	ne]							ANCILLARY F	ESULTS [L	eft Fe	mur]						
on	BMD (g/cm²)	Your (%)	2 ng-Adult T-Score		atched Z-Score	BMC (g)	Area (cm²)	Width (cm)	Height (cm)	Region	BMD (g/cm²)	You (%)	2 ng-Adult T-Score		3 Matched Z-Score	BMC (9)	Area (cm²)		
1	1.154	101	0.1	111	1.0	12.93	11.20	3.6	3.10	Neck	1.121	108	0.6	116	1.1	6.85	6.11		
2	1.230	102	0.2	111	1.0	14.93	12.14	3.7	3.31	Upper Neck	0.794	97	-0.2	105	0.3	2.16	2.72		
3	1.243	102	0.2	111	1.0	16.26	13.09	3.9	3.37	Lower Neck	1.383	-	-	-	-	4.69	3.39		
4	1.254	103	0.3	112	1.1	16.32	13.01	4.6	2.84	Wards	0.854	94		111	0.6	3.54	4.14		
1-L2 1-L3	1.194	102	0.2	111	1.0	27.86	23.34	3.6 3.7	6.41	Troch	0.898	106	0.4	113	0.9	12.28 17.05	13.67		
I-L3 I-L4	1.211 1.223	102 102	0.2	112 112	1.1 1.1	44.13 60.45	36.43 49.44	3.7	9.78 12.62	Shaft Total	1.156 1.048	104	0.3	106	0.5	36.18	14.75 34.53		
2-L3	1.2237	102	0.2	111	1.0	31.20	25.23	3.8	6.68	1000	1.040	204	0.5	100	0.5	50.10	54.55		
914	1.243	102	0.2	111	1.0	47.52	38.24	4.0	9.51										
-L4	1.249	102	0.2	111	1.1	32.59	26.10	4.2	6.20										
Statistically 68% of repea NHANES (ages 20-30) / U Matched for Age, Weight Filename: 6r1hmjc63.df×	ISA (ages 20-40) AP	Spine Refere			0					1 -Statistically 68% of re 2 -MFAMES (ages 20-30) 3 -Matched for Age, We Filename: 6r1hmjc63.	) / USA (ages 20-40) Fen ight (females 25-100 kg)	nur Referen			di)				

DEXA externally rotated femurs 64F

53266		Dept.	of Radi	iology	, UCSD	Medical Ce San Diego,	nter		(	,1841 \$#3053266	Bone Density D Dept. of Radiology, 330 Lewis Street, Suite 2	UCSD Medical	Center	3	
atient: rth Date: eight / Weight: x / Ethnic:	WILLIS, V 3/9/1943 61.0 in. Female	64.4 ye 145.0 lbs	ears		Patien Referr Measu Analyz	ing Physician: red:	1311841 MEHTA,GITA 8/8/2007 8/8/2007	1:23:59 PM 1:47:31 PM		Patient: Birth Date: Height / Weight: Sex / Ethnic:	WILLIS, WINNIE O 3/9/1943 64.4 years 61.0 in. 145.0 lbs. Female Black	Patient ID: Referring Physicia Measured: Analyzed:	1311841 MEHTA,G 8/8/2007 8/8/2007		
NCILLARY RE	SULTS [F	Right F	emur]								Densitometry Reference: AP Spine L14. BMD (g/cm <sup>2</sup> ) YA T-	4 Score Region	BMD (g/cm²)	Young-Adult T-Score	Age-Matc Z-Score
gion	BMD (g/cm <sup>2</sup> )	Your (%)	ng-Adult T-Score	Age-M (%)	atched Z-Score	BMC (g)	Area (cm²)			496	1.567 Normal	3 L1 -2 L2	1.154 1.230	0.1	1.0
Neck	0,987	95	-0.4	102	0.1	6.00	6.07			11	1.319	-1 L3	1.243	0.2	1.0
Upper Neck	0.760	93	-0.5	100	0.0	2.26	2.97			12	1.195	-0 L4 L1-L4	1.254 1.223	0.3	1.1 1.1
Lower Neck	1.205	-	-	-	-	3.74	3.10				0.947 Dateopera	-2			
Wards	0.829	91	-0.6	107	0.4	3.39	4.10				0.823	- 3			
Troch Shaft	0.944	111	0.8	119	1.3		12.27 14.39			L4	0.699	-4			
Total	1.169	104	0.3	107	0.5		14.39 32.74				20 30 40 50 60 70 80 90	100			
88003	1.001		0.0	200	0.0						Age (years)			or Age, Weight (fema	
										Image not for diagnosis		Statistically 68%	20-30) / USA (ages 20 of repeat scans fall wit	hin 1SD (± 0.010 g/cr	nce Population (v m <sup>2</sup> for AP Spine L1
										anage not for diagnosis		-			
											Densitometry Reference: Left Femur	Region	BMD (g/cm²)	Young-Adult T-Score	Age-Matc Z-Scon
											BMD (g/cm²) Neck. YA T-	Score Neck	1.121	0.6	1.1
											1.316- 1.177 1.029 0.559 0.760 0 1000000 0.651 0.452 0.452 0 30 40 50 60 70 90 50	-1 -0 -2 -3 -4 -5 100			
											Age (years)	NHANES (ag	ges 20-30) / USA (ages	or Age, Weight (fema 20-40) Femur Refere	nce Population (v
										Image not for diagnosis		Statistically 68% of	f repeat scans fall with	in 15D (± 0.014 g/cm-	<sup>2</sup> for Left Femur N
											Densitometry Reference: Right Femur		BMD	Young-Adult	Age-Matc
											Nack	Score	(g/cm²)	T-Score	Z-Scor
											1.455 Normal	<sup>3</sup> Total	0.987	-0.4 0.3	0.1
											1.177 1.039 0.599 0.780 <sup>1</sup> Outopenia	-1			
			1								0.482	-4			
1 -Statistically 68% of repeat 2 -NHANES (ages 20-30) / US 3 -Matched for Age, Weight ( Filename: 6r1hmjc63.dfx	A (ages 20-40) Fe	mur Referen			ck)						0.343 0000000000000000000000000000000000	NHANES (ag	Matched f ges 20-30) / USA (ages repeat scans fall within	or Age, Weight (fema 20-40) Femur Refere	nce Population (v.
										Image not for diagnosis		Statistically 68% of	repeat scans fall within	130 (st 0.014 g/cm²	ror Right Pemur N
GE Healthcare									Lunar Prod	GE Healthcar					Lunar P

DEXA externally rotated femurs 64F

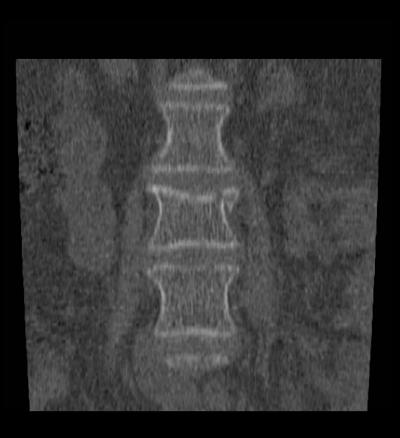




W 2000 : L 500

W 2000 : L 500

17



W 2140 : L 475

Lowis	of California San D Street Radiology y Risk Factor Inform Alias Name	mation		10/0 14
DEXA (BONE DENSITY) SKELETA 10/08/2007 14:30 Status: 0	Exam: (LS) History: Diagnosis	L77080 fu osteopen : OSTEOPENI g MD: MEHTA		
E-3105685 MAJORS, BRENDA LEE NRH:0836678		4		
Gender: Male Fernand	IGHT: 5-5 WEIGHT	181 No	(	0
THE DICK FACTORS:	Where?	No	(330 rem	is o
PATIENT HISK FACTORY of Osteoporosis? Is there any family history of Osteoporosis? Do you smoke now or have you in the past? Have you had any fractured bones as an adult? If yes, when?	Yes	No No umber	theken	erte
Do you consume 3 or more dairy servings per da		No No	Occasionally Occasionally Occasionally	
Do you take calcium supplements Do you exercise at least 3 times per week? Do you drink more than 2 alcoholic drinks per da Do you drink 5 or more cups of coffee or soft dri	Yes y? Yes nk per day? Yes	No	Occasionally Occasionally	
If Female: Have you gone through menopause?	Yes Yes Yes	No No		
Do you take estrogen?	Yes	No		
Do you take medication for Osteoporosis? If yes, what kind?	Yes	No		
Are you taking seizure medication? Do you take oral prednisone or cortisone medic Have you had surgery on your spine?		No		
What kind? Have you had surgery on your hips? If yes:	Yes LEFT	RIGHT	BOTH	
Do you any of the following?: Please circle Thyroid condition Kidney Disease Arthritis Prufur Line Asthma				
COMMENTS:	n, simva	stali	m,	,
3 defirent blood	pressure p	ills,	estrogen -9-07	foil
Technologist		D	ate	

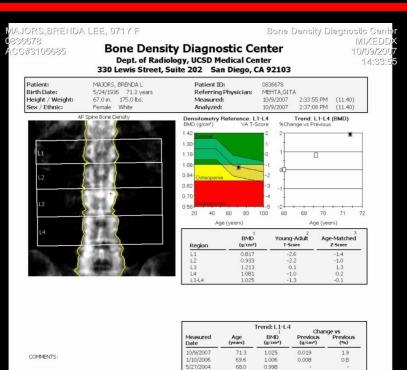


Image not for diagnosis	1 - Statistically 68% of repeat scans fall within 150 (± 0.010 g/cm <sup>2</sup> for AP Spine L114)
image more of adaptions Predect. 109(2007): 21.7/5/Fg4+4.2% 0.00:0.00.00,00 Pfename: rfhropt63.dfu Stan Mode: Standard 37.0 μGy	<ol> <li>Statoulary own at regise substration in ECV (2000) guint to Array and ETV)</li> <li>Heat Solid Status (2000) (105 (agos 2000) (2000) guint (2000) guint (2000) guint (2000) (2</li></ol>

GE Healthcare

Lunar Prodigy DE+15771

#### W 255 : L 127

MAJORS, BRENDA LEE, 071Y F

0836678

#### Bone Density Diagnostic Cente

### **Bone Density Diagnostic Center** ACC#3105685

MIXEDE

10/09/200 14:33:55

#### Dept. of Radiology, UCSD Medical Center 330 Lewis Street, Suite 202 San Diego, CA 92103

Patient:	MAJORS, BRENDA L	Patient ID:	0836678		
Birth Date:	5/24/1936 71.3 years	Referring Physician:	MEHTA,GIT/	ŕ	
Height / Weight:	67.0 in. 175.0 lbs.	Measured:	10/9/2007	2:33:55 PM	(11.40)
Sex / Ethnic:	Female White	Analyzed:	10/9/2007	2:37:08 PM	(11.40)

#### ANCILLARY RESULTS [AP Spine]

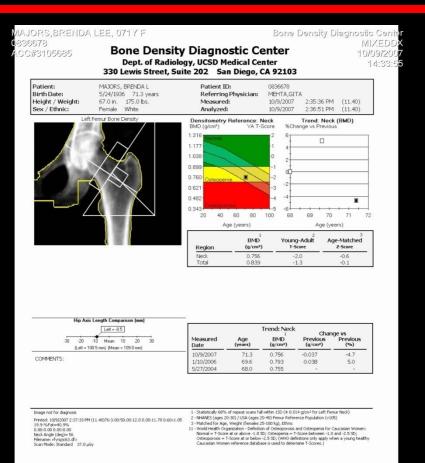
Region	BMD <sup>1</sup> (g/cm <sup>2</sup> )	Your (%)	2 ng-Adult T-Score	Age- (%)	3 Matched Z-Score	BMC (g)	Area (cm²)	Width (cm)	Height (cm)
L1	0.817	72	-2.6	83	-1.4	8.75	10.71	3.7	2.89
L2	0.933	78	-2.2	88	-1.0	10.85	11.63	3.8	3.08
L3	1.213	101	0.1	115	1.3	15.79	13.02	3.8	3.43
L4	1.081	90	-1.0	103	0.2	16.31	15.09	4.2	3.57
L1-L2	0.877	75	-2.4	86	-1.2	19.60	22.34	3.7	5.97
L1-L3	1.001	86	-1.4	98	-0.2	35.39	35.36	3.8	9.40
L1-L4	1.025	87	-1.3	99	-0.1	51.70	50.45	3.9	12.97
L2-L3	1.081	90	-1.0	102	0.2	26.64	24.65	3.8	6.51
L2-L4	1.081	90	-1.0	102	0.2	42.95	39.74	3.9	10.08
L3-L4	1.142	95	-0.5	108	0.7	32.10	28.11	4.0	7.00

1 -Statistically 68% of repeat scans fall within 1SD (± 0.010 g/cm<sup>2</sup> for AP Spine L1-L4) 2 -NHANES (ages 20-30) / USA (ages 20-40) AP Spine Reference Population (v105) 3 -Matched for Age, Weight (females 25-100 kg), Ethnic Filename: rfynpjc63.dfx

Lunar Prodigy DF+15771

#### W 255 : L 127

GE Healthcare



GE Healthcare

Lunar Prodicy

DF+15771

W 255 : L 127

MAJORS, BRENDA LEE, 071Y F 0336673

Patient:

#### Bone Density Diagnostic Cente

**Bone Density Diagnostic Center** ACC#3105685 Dept. of Radiology, UCSD Medical Center

MIXEDD

10/09/200 14:33:55

#### 330 Lewis Street, Suite 202 San Diego, CA 92103

Patient:	MAJORS, BRENDA L	Patient ID:	0836678		
Birth Date:	5/24/1936 71.3 years	Referring Physician:	MEHTA,GIT/	Ą.	
Height / Weight:	67.0 in. 175.0 lbs.	Measured:	10/9/2007	2:35:36 PM	(11.40)
Sex / Ethnic:	Female White	Analyzed:	10/9/2007	2:36:51 PM	(11.40)

#### ANCILLARY RESULTS [Left Femur]

	BMD 1	Your	2 Ing-Adult	Age-	3 Matched	BMC	Area
Region	(g/cm²)	(%)	T-Score	(%)	Z-Score	(g)	(cm²)
Neck	0.756	73	-2.0	90	-0.6	3.96	5.24
Upper Neck	0.539	66	-2.4	81	-1.1	1.39	2.58
Lower Neck	0.966	-	-		-	2.57	2.66
Wards	0.625	69	-2.2	94	-0.3	1.90	3.05
Troch	0.657	77	-1.7	90	-0.6	6.65	10.12
Shaft	0.993		-		-	14.75	14.86
Total	0.839	83	-1.3	98	-0.1	25.37	30.22

1 -Statistically 68% of repeat scans fall within 1SD (± 0.014 g/cm<sup>2</sup> for Left Femur Neck) 2 -NHANES (ages 20-30) / USA (ages 20-40) Femur Reference Population (v105) 3 -Matched for Age, Weight (females 25-100 kg), Ethnic Filename: rfynpjc63.dfx

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Lunar Prodigy DE+15771

#### W 255 : L 127

Tends (BMD)         Tends (BMD)           300,000 vr Penkos:         100,000 vr Penkos:           100,000 vr Penkos: <td< th=""><th><math display="block">\frac{1}{2} \frac{1}{2} \frac{1}</math></th><th>atient: irth Date: leight / Weight: ex / Ethnic:</th><th>5/24/193</th><th>BRENDA L 6 71.3 years 175.0 lbs. White</th><th>Ref Mei</th><th>ient ID: erring Physio asured: ilyzed:</th><th>tian: ME</th><th></th><th>2:33:55 PM 2:37:08 PM</th><th>(11.40) (11.40)</th></td<>	$\frac{1}{2} \frac{1}{2} \frac{1}$	atient: irth Date: leight / Weight: ex / Ethnic:	5/24/193	BRENDA L 6 71.3 years 175.0 lbs. White	Ref Mei	ient ID: erring Physio asured: ilyzed:	tian: ME		2:33:55 PM 2:37:08 PM	(11.40) (11.40)
2         1/10/2006         69.6         1.006         0.008         0.8           1/10/2006         69.6         1.006         0.008         0.8           1/10/2006         69.6         1.006         0.008         0.8           1/10/2006         69.6         1.006         0.008         0.8           1/10/2006         69.6         1.006         0.008         0.8           1/10/2006         69.6         1.006         0.008         0.8           1/10/2006         69.6         1.006         0.008         0.8           1/10/2006         69.6         1.006         0.008         0.8           1/10/2007         60.0         0.998         -         -           agen roff or diagnosis         Tends: Neck (BMD)         Nethers Sciencily (Strik Graps 20:00) (UKi (Logic 20:00) (Strik Graps 20:00) (UKi (Logic 20:00) (Strik Graps 20:00) (UKi (Logic 20:00) (Strik Graps 20:00) (Strik Graps 20:00) (UKi (Logic 20:00) (Strik Graps 20:00) (Strik Graps 20:00) (UKi (Logic 20:00) (Strik Graps 20:00) (UKi (Logic 20:00) (Strik Graps 20:00) (UKi (Logic 20:00) (Strik Graps	Image vir Filmost:         Image v		3Change	Trend: L1-L4 (BMD) vs Previous	<b>— — — —</b>			BMD	Char Previous	Previous
$\frac{1}{68} \xrightarrow{1}{70} \xrightarrow{1}{70} \xrightarrow{1}{70} \xrightarrow{1}{72}$ Reg (serie) Methods (open 20-00) (D44 (open 20-00) AP Spin P of energies 25-100 lag), Dhiral Spin P of energies 20-00 (D44 (open 20-00) AP Spin P of energies 20-00) (D44 (open 20-00) AP Spin P of energies 20-00) (D44 (open 20-00) AP Spin P of energies 20-00) (D44 (open 20-00) (D44 (ope	$\frac{1}{2g_{0}} \underbrace{1}{2g_{0}} 1$	u				1/10/2006	69.6	1.006		
Charge vs Previous         Charge	Change st         Tiendt         Neck (BMD)           4	L4	2		71 72	NHANES (a) Statistically 68	ses 20-30) / USA	(ages 20-40) A8	Spine Reference	Population (v105)
Althouge vr Pierousi         Age         BPO         Previous         Previous           10/9/2007         71.3         0.756         -0.037         -4.7           1/10/2006         69.6         0.793         0.038         5.0           5/2/7/2004         68.0         0.755         -         -	Deck         Deck <thdeck< th="">         Deck         Deck         <thd< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>Trend: Necl</td><td>k</td><td></td></thd<></thdeck<>							Trend: Necl	k	
Image: state	1         1         10/9/2007         (year)         (u)dm*7         (va)           10/9/2006         63.6         0.733         0.038         5.0           2         -         -         -         -         -           4         -         -         -         -         -           4         -         -         -         -         -           4         -         -         -         -         -           4         -         -         -         -         -           4         -         -         -         -         -           4         -         -         -         -         -           4         -         -         -         -         -           5         -         -         -         -         -           6         -         70         77         -         -         -           6         -         70         77         -         -         -         -           10         10         10         10         10         10         10         10         10         10         10			Trend: Neck (BMD) vs Previous					Previous	Previous
	68 59 70 71 72 Age [ven] NeVARES (oper 200) USA (					10/9/2007 1/10/2006	71.3 69.6	0.756 0.793	-0.037 0.038	-4.7 5.0
N4MAES (ages 20-30) (USA (ages 20-40) Fermu Patternor Explanation (v105 Statistically 69% of repeat scans fail within 13D (4-0.014 gitcm <sup>2</sup> for Left Fermu Neck;		age not for diagnosis	.et		· · · · · · · · · · · · · · · · · · ·	NHANES Statistically 68%	f (ages 20-30) / U is of repeat scars	Natched for Age, SA (ages 20-40) s fall within 1SD (	Weight (females ; Femur Reference ± 0.014 g/cm² for	25-100 kg), Ethnic Population (v105) Left Femur Neck)

MI,VIOLETTE 075Y F 10 3040327			ne Density Diagr	MIXEDDX 07/24/2007	AKKAWI,VIOLETT 2099510 ACC#3040827			Dens	sity [	Diag	nostic (		Dauenta	Diagnostic IVI 17/3
Lewis	of California Sa Street Radiolo Risk Factor Ir	ду	n an	16:46:3	120040041		Dept. d	of Rad	liology	, UCSI	) Medical C San Diego,	enter	3	1
DEXA (BONE DENSITY) SKELETA 07/24/2007 15:00 Status: 0	Alias N Exam: ( History	ame: LS)L77080 : screening	Age: 75 Years bone density.		Patient: Birth Date: Height / Weight: Sex / Ethnic:	AKKAWI, 5/30/1932 61.0 in. Female	2 75.1	/ears		Refe	nt ID: rring Physician sured: yzed:	2099510 YU, PEARI 7/24/2007 7/24/2007		
	Request		NG FOR OSTEOPOROSIS PEARL S, M.D.		ANCILLARY RE	SULTS [A	AP Spir	ne]						
E-3040827 AKKAWI, VIOLETTE MR#:2099510	Contraction	S. DADONTER			Region	BMD (g/cm²)	Your (%)	2 ng-Adult T-Score	Age-M	latched Z-Score	BMC (g)	Area (cm²)	Width (cm)	Height (cm)
	1				L1	1.025	90	-0.9			9.56	9.32	4.4	2.10
	-	/			L1 L2	1.025	90	-0.9	-	-	9.56	9.32	4.4	2.10
Gender: Male Female HEIGH	T: 5. WEIG	int: 165	1b		L3	0.918	93 76	-0.7			12.37	13.47	4.4	3.05
					L3 L4	0.916	67	-2.4			8.54	10.73	4.5	2.40
Have you ever had a Bone Density Scan?	Yes	No		n statistica	L1-L2	1.077	92	-0.8		-	19.82	18.41	4.7	3.97
If yes, when?//	Where?		the second s	- 10 Cal 14	L1-L3	1.010	92	-1.4			32.19	31.87	4.6	7.01
PATIENT RISK FACTORS: Is there any family history of Osteoporosis?	Ver	No			L1-L4	0.956	80	-1.9			40.72	42.61	4.6	9.41
Is there any family history of Osteoporosis? Do you smoke now or have you in the past?	Yes	No			L1-L4 L2-L3	1.003	80	-1.9			40.72	42.61	4.6	9.41 4.91
Have you had any fractured bones as an adult?	Yes	No			L2-L3 L2-L4	0.936	78	-2.2			31.17	33.28	4.6	7.31
If yes, when? <u>411105</u>	Which bone(s)? _		0		L3-L4	0.936	72	-2.2	-	-	20.90	24.20	4.0	7.31 5.44
Do you consume 3 or more dairy servings per day?	Yes	No	Occasionally	10										
Do you take calcium supplements?	Yes	No	Occasionally	Contraction of the last										
Do you exercise at least 3 times per week?	Yes	No	Occasionally	P 547 1 6 1 6										
Do you drink more than 2 alcoholic drinks per day? Do you drink 5 or more cups of coffee or soft drink pe	r day? Yes	No	Occasionally Occasionally											
If Female:		5 N		[20] 이 분 극물										
Have you gone through menopause?	Yes	No												
Have you had a hysterectomy?	Yes	No												
If so, were your ovaries removed? Do you take estrogen?	Yes	No												
If yes, for how many years?	-	41		2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -										
Do you take medication for Osteoporosis? If yes, what kind? For how long?	Yes	NG												
Are you taking seizure medication?	Yes	No												
Do you take oral prednisone or cortisone medications?		NO												
Have you had surgery on your spine? What kind?	Yes	No												
Have you had surgery on your hips?	Yes	No RIGHT	BOTH											
Do you any of the following?: Please circle if yes.	$\smile$			pur, a la la										
Thyroid condition Bowel Disease Kidney Disease Diabetes	Cancer				1 -Statistically 68% of repe	at scans fall within 1	SD (± 0.010	g/cm <sup>2</sup> for AP	P Spine L1-L4	)				
Arthritis Asthma					2 -NHANES (ages 20-30) / U Filename: pbjpljc63.dfx	ISA (ages 20-40) AP	P Spine Refer	ence Populat	tion (v105)					
COMMENTS:	4 Nora	A	£ 0	on 19 49										
MEDICATIONS Heron, Lorago	e Nova	seril	ene											
HTP, Vexium		7.1	407											
Technologist		Date	P		GE Healthcare	0:								Lunar Prodigy
					GE Healthcare									DF+15771

#### AKKAWI, VIOLETTE 075Y F

2099510 ACC#3040827

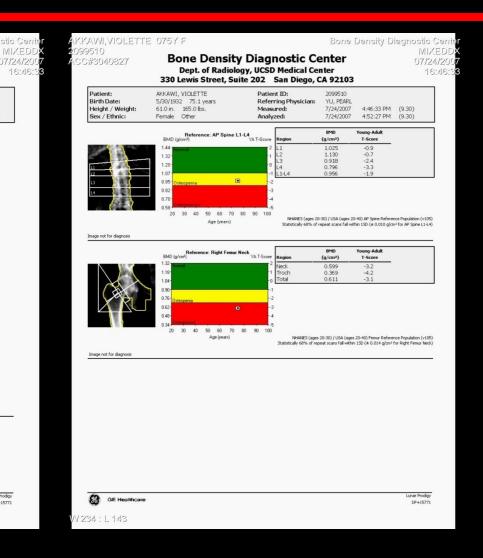
### Bone Density Diagnostic Cente **Bone Density Diagnostic Center** Dept. of Radiology, UCSD Medical Center 330 Lewis Street, Suite 202 San Diego, CA 92103

Patient:	AKKAWI, VIOLETTE	Patient ID:	2099510		
Birth Date:	5/30/1932 75.1 years	Referring Physician:	YU, PEARL		
Height / Weight:	61.0 in. 165.0 lbs.	Measured:	7/24/2007	4:47:52 PM	(9.30)
Sex / Ethnic:	Female Other	Analyzed:	7/24/2007	4:52:28 PM	(9.30)

#### ANCILLARY RESULTS [Right Femur]

	BMD	Your	g-Adult	Age-	Matched	BMC	Area
Region	(g/cm²)	(%)	T-Score	(%)	Z-Score	(g)	(cm²)
Neck	0.599	58	-3.2	-	-	3.26	5.44
Upper Neck	0.420	51	-3.3		-	1.11	2.64
Wards	0.372	41	-4.1	-		1.22	3.29
Troch	0.369	43	-4.2	-	1.0	4.07	11.03
Shaft	0.808	-	-	-	-	11.24	13.92
Total	0.611	61	-3.1	-	-	18.58	30.39





) 29764 University of C	alifornia San Diego 12:33:
	eet Radiology sk Factor Information
DEXD (BONE DENSITY) SKELETA 07/05/2007 10:30 Status: 0 E-3029764 WARE: DELORES DELETO TRET0373890	Alias Nama: Status (LS)127/000 Ags: 75 Years History: screening Diagnosis: UNSPECIFIED OSTEDPOROSIS Requesting NO: KALLENBERG, GENE A, M.D. Connecting HORE
Gender: Male Female HEIGHT: 2	WEIGHT: 207 28 ()
PATIENT RISK FACTORS: Is there any family history of Osteoporosis? Do you smoke now or have you in the past?	Vhere? Yes _No Yes _No
Have you had any fractured bones as an adult? If yes, when? <u>9123198</u> W	/hich bone(s)? LEFF hip
Do you consume 3 or more dairy servings per day? Do you take calcium supplements? Do you exercise at least 3 times per week? Do you drink more than 2 alcoholic drinks per day? Do you drink 5 or more cups of coffee or soft drink per day? If Female:	Yes No Occasionally Yes No Occasionally Yes No Occasionally Yes No Occasionally Yes No Occasionally
Have you gone through menopause? Have you had a hysterectomy? If so, were your ovaries removed?	Yes No Yes No Yes No
Do you take estrogen? If yes, for how many years? Do you take medication for Osteoporosis? If yes, what kind?	Yes No
For how long? Are you taking seizure medication? Do you take oral predrisone or cortisone medications? Have you had surgery on your spine? What kind?	Yes No Yes No Yes No
Have you had surgery on your hips? If yes:	Ves No CEFT RIGHT BOTH
Do you any of the following?: Please circle if yes. Thyroid condition Bowel Disease Kidney Disease Diabetes Afthritis> Asthma	Cancer hip replacement
COMMENTS:	
MEDICATIONS: Prednisene / LASIX	(See LIST)
0/0-	7-5-07
Technologist	Date

LORES DEPRIO, 075/F- Levoxyl and Sunthroidane Barsilverideginostic Cen devotiver when the for your MIXEDD 784 Horent Wares for your # 03738907/05/20 Thyrid Methicalison # 03738907/05/20 WARE. 712:33: WARE, DÉLORE 0373890 ACC#3029764 # 037389 01/05/201 WARE, D12:33:0 I DELORES D.R. WARE @ 219/262-5192- PATIENT of 21.CSD #0373890-3. RIMARY KALLENDERG E FAMily MEDICINE My MEDICATIONS Supplier is GAllow THARMACY @ 619/525-1551 Ferill DOSAGE NAME JONG TAB +TADET-DATA 1-BEFORE MEA PREVACIO 30Mg. CAP. 1 CAPSULE DAILY I BEPORE MEAL DER dAY NEURONT GABAPENTIN HOOMG. CAP. ICAPSULE 3X FUROSEMIDE HOMATAB. ITAblet EACH A.M. JAS1X DICAL-D 500/200 TAb. ITABLEY 3XS PER day ITABLET EACH A.M. KLOR-CON SMEG CR. SAb. PREMARIN D. 225 Mg TAb. ITABLET EACH A.M. ITABLET 2x FER day Am Ep.m. KEPPRA 500 mg. TAb. LISINOPRIL 10 mg. TAb. ITABLET EACH A. M. ZESTRIL 1 =1/2= 7.5 EACH A.M. PREDNISONE 5 Mg. TAB. Tums 500 mg. TAb. (TABLET 3X PER dAy AmidRiply line 25mg TAb TABLET@ BEdVINE " ELAVIL" FAMOTIDINE 20 Mg. TAL I YABLET @BED TIME "PEpcid" ITADIEV EACH A.M. SUNTAROID' LEVOTHYREXIN 50 MER P.R.N. APAP/CODEINE 3030 mg. TAb. IVAbLETEVERY 4 to 6 Hours Hyd Rico APAP Joo mgTAb. IYAbler EVERY 4 Too HawRS "Vicodin' DONOT TAKE & APAP/CODEINE = SEE OF OTHER SIDE =

WARE, DELORES DELRIO, 075Y F 0373890 ACC#3029764

Bone Density Diagnostic Cent 03738MP/EDD WARE, D12:33:02 ThE Two BELOW ARE ON hold @ This TIME NAME Aspir-low 81mg. TAB. IVADIET PER day OVER THE COUNTER ONE A down 1001 8 ONE A day I CholESTEROL Plus VIVAMIN TyleNol "ARTHRITIS" ITAbleT 3X" PER day CLEAM FOR RASH P.R.N. Clotkimazole 1% 2x DAily AydROCORTISONE 25% 2X3 DAily 1 AYSAX ARTHRITIS CliNic @ 4168 FRONT STREET PhONE # 819/543-6248 FAX# 619/471-0239 DR. Vigil Woods . ..... .. W/255 · 1 127

#### WARE, DELORES DELRIO, 075Y F

0373390

ACC#3029764

#### Bone Density Diagnostic Cen

### Bone Density Diagnostic Center Dept. of Radiology, UCSD Medical Center

MIXED

12:33:0

330 Lewis Street, Suite 202 San Diego, CA 92103

Patient:	WARE, DELORES D	Patient ID:	0373890		
Birth Date:	9/23/1931 75.7 years	Referring Physician:	KALLENBER	G,GENE	
Height / Weight:	63.0 in. 280.0 lbs.	Measured:	7/5/2007	12:33:02 PM	(9.30)
Sex / Ethnic:	Female Black	Analyzed:	7/5/2007	12:37:58 PM	(9.30)

#### ANCILLARY RESULTS [AP Spine]

Region	BMD (g/cm²)	Your (%)	g-Adult T-Score	Age-l (%)	3 Matched Z-Score	BMC (g)	Area (cm²)	Width (cm)	Height (cm)
L1	0.941	83	-1.6	83	-1.6	12.79	13.59	5.2	2.60
L2	1.237	103	0.3	102	0.2	24.49	19.80	5.6	3.53
L3	1.556	130	3.0	128	2.9	29.04	18.66	5.6	3.36
L4	1.409	117	1.7	116	1.6	22.57	16.01	5.9	2.72
L1-L2	1.116	96	-0.4	95	-0.5	37.28	33.40	5.4	6.14
L1-L3	1.274	109	0.9	108	0.8	66.32	52.05	5.5	9.49
L1-L4	1.306	111	1.0	110	1.0	88.89	68.07	5.6	12.22
L2-L3	1.392	116	1.6	115	1.5	53.53	38.46	5.6	6.89
L2-L4	1.397	116	1.6	115	1.5	76.10	54.47	5.7	9.61
L3-L4	1.489	124	2.4	123	2.3	51.61	34.67	5.7	6.08

1 -Statistically 68% of repeat scans fall within 1SD (± 0.010 g/cm<sup>2</sup> for AP Spine L1-L4) 2 -NHANES (ages 20-30) / USA (ages 20-40) AP Spine Reference Population (v105) 3 -Matched for Age, Weight (females 25-100 kg), Ethnic

Filename: rt0qkjc63.dfx

GE Healthcare

DF+15771

#### N 255 : L 129

#3029764	D	ept. o	of Radi	olog	, UCSD	Medical Ce San Diego,	enter	
Patient: Birth Date: Height / Weight: Sex / Ethnic:			/ears		Patier Refer Measi Analy	ring Physician: ured:	0373890 KALLENBER 7/5/2007 7/5/2007	G,GENE 12:35 12:39
ANCILLARY RE	BMD (g/cm²)	-	emur] ng-Adult T-Score		3 Matched Z-Score	BMC (g)	Area (cm²)	
	BMD	Your	ng-Adult	Age-				
Region	BMD (g/cm²)	Your (%)	2 ng-Adult T-Score	Age- (%)	Z-Score	(g)	(cm²)	
Region Neck	BMD (g/cm²) 0.667	Your (%) 64	rg-Adult T-Score	Age-1 (%) 67	<b>Z-Score</b> -2.4	(g) 3.46	(cm²) 5.18	
Region Neck Upper Neck	BMD (g/cm²) 0.667 0.477	Your (%) 64 58	2 ng-Adult T-Score -2.7 -2.9	Age-1 (%) 67 59	<b>2-Score</b> -2.4 -2.8	(9) 3.46 1.21	(cm²) 5.18 2.54	
Region Neck Upper Neck Wards	BMD (g/cm²) 0.667 0.477 0.400	Your (%) 64 58 44	2 ng-Adult T-Score -2.7 -2.9 -3.9	Age- (%) 67 59 48	2-Score -2.4 -2.8 -3.3	(9) 3.46 1.21 1.19	(cm²) 5.18 2.54 2.98	

Bone Density Diagnostic Cent

12:35:10 PM (9.30)

12:39:25 PM (9.30)

MIZED

12:33:02

VARE, DELORES DELRIO, 075Y F

 1-Statistically 60% of repeat scand fall within 13D (± 0.014 glcm3 for Right Ferrur Neck), 2-44-VARS (dogs 20 30) (USA (gaps 20-40) Ferrur Nethermono Rigulation (+105), 3-44-VARS (dogs 20 30) (USA (gaps 20-40) Ferrur Nethermono Rigulation (+105), 3-44-VARS (dogs 20 30) (USA (gaps 20-40) Ferrur Nethermono Rigulation (+105), 3-44-VARS (dogs 20 30) (USA (gaps 20-40) Ferrur Nethermono Rigulation (+105), 3-44-VARS (dogs 20 30) (USA (gaps 20-40) Ferrur Nethermono Rigulation (+105), 3-44-VARS (dogs 20 30) (USA (gaps 20-40) Ferrur Nethermono Rigulation (+105), 3-44-VARS (dogs 20 30) (USA (gaps 20-40) Ferrur Nethermono Rigulation (+105), 3-44-VARS (dogs 20 30) (USA (gaps 20-40) Ferrur Nethermono Rigulation (+105), 3-44-VARS (dogs 20 30) (USA (gaps 20-40) Ferrur Nethermono Rigulation (+105), 3-44-VARS (dogs 20 30) (USA (gaps 20-40) Ferrur Nethermono Rigulation (+105), 3-44-VARS (dogs 20 30) (USA (gaps 20-40) Ferrur Nethermono Rigulation (+105), 44-VARS (dogs 20 40) (USA (gaps 20-40) Ferrur Nethermono Rigulation (+105), 44-VARS (dogs 20 40) (USA (gaps 20-40) Ferrur Nethermono Rigulation (+105), 44-VARS (dogs 20 40) (USA (gaps 20-40) Ferrur Nethermono Rigulation (+105), 44-VARS (dogs 20 40) (USA (gaps 2

#### WARE, DELORES DELRIO, 075Y F Bone Density Diagnostic Cente 0373390 MIXEDD **Bone Density Diagnostic Center** ACC#3029764 07/05/200 Dept. of Radiology, UCSD Medical Center 12:33:02 330 Lewis Street, Suite 202 San Diego, CA 92103 WARE, DELORES D Patient: Patient ID: 0373890 Birth Date: 9/23/1931 75.7 years Referring Physician: KALLENBERG, GENE Height / Weight: 63.0 in. 280.0 bs. 7/5/2007 12:33:02 PM (9.30) Measured: 7/5/2007 12:37:58 PM (9.30) Sex / Ethnic: Female Black Analyzed: Age-Matched Reference: AP Spine L1-L4 BMD (g/cm<sup>2</sup>) YA T-Score BMD Young-Adult (g/cm²) T-Score Z-Score 0.941 1.237 -1.6 0.3 -1.6 0.2 1.556 3.0 2.9 1.409 1.7 1.0 1.6 1.0 1.306 L1-L4 20 30 40 50 60 70 80 90 100 Matched for Age, Weight (females 25-100 kg), Ethnic Age (years) NHANES (ages 20-30) / USA (ages 20-40) // Spine Reference Population (v105) Statistically 68% of repeat scars fall within 15D (± 0.010 g/cm<sup>2</sup> for AP Spine L1-L4) Image not for diagnosis Young-Adult T-Score Reference: Right Femur Neck BMD Age-Matched (g/cm²) Z-Score **Veck** 0.667 -2.7 -3.7 -3.0 -2.4 -3.6 -3.1 Troch 0.421 0.625 30 40 50 60 70 80 90 100 20 Age (years) Matched for Age, Weight (females 25-100 kg), Ethnic NHANES (ages 20-30) / USA (ages 20-40) Femur Reference Population (v105) Statistically 68% of repeat scans fall within 15D (& 0.014 g/cm² for Right Femur Neck) Image not for diagnosis GE Healthcare DF+15771 W 255 : L 129

90633 \CC#3	044932 · University of Califi Lewis Street I			<b>,</b>		06333 C#3044932
	Bone Density Risk F					-
	Dexa (BOXE DENSITY) SKELERA 67/25/2007 15:00 Status: D	Alias	Name : (LS)L77080	Age: 75 Years	5	Patient: Birth Date: Height / Weight Sex / Ethnic:
		Diagno	sis: ANNUAL	REVIEW		ANCILLARY
	E-3044932 PLAKSEN, IRVING L MRH: 1906333		ts: MARISOL			Region
	_					
	E) ('			-	1.	L1
	Gender: Male Female HEIGHT:	WER	GHT: 1	> 1		L2 L3
		0				L3 L4
	Have you ever had a Bone Density Scan?	Yes	ne No			L1-L2
	If yes, when? July / 2006 Where	P?_HE	100			L1-L2
	PATIENT RISK FACTORS:		-			L1-L3
	Is there any family history of Osteoporosis? Do you smoke now or have you in the past?	Yes	No			L1-L4 L2-L3
	Have you had any fractured bones as an adult?	Yes	No			L2-L4
		bone(s)?	NO			L3-L4
		NAT?				23/24
	Do you consume 3 or more dairy servings per day?	Yes	No	Occasionally	24 A.	
	Do you take calcium supplements?	(es)	No	Occasionally		
	Do you exercise at least 3 times per week?	Yes	No	Occasionally		
	Do you drink more than 2 alcoholic drinks per day?	Yes	No	Occasionally		
	Do you drink 5 or more cups of coffee or soft drink per day?	Yes	No	Occasionally		
	If Female:					
1	Have you gone through menopause?	Yes	No			
	Have you had a hysterectomy?	Yes	No			
	If so, were your ovaries removed?	Yes	No			
	Do you take estrogen?	Yes	No			
	If yes, for how many years?					
	Do you take medication for Osteoporosis?	Yes	No			
	If yes, what kind?					
	For how long? Are you taking seizure medication?	Yes	No			
	Do you take oral prednisone or cortisone medications?	Yes	No			
	Have you had surgery on your spine?	Yes	No			
	What kind?	100	(no			
	Have you had surgery on your hips?	Yes	No			
	If yes:	LEFT	RIGHT	BOTH		
	Do you any of the following?: Please circle if yes.					
	Thyroid condition Bowel Disease	Cancer				
	Kidney Disease Diabetes					1 -Statistically 68% of
	Arthritis Asthma					2 -NHANES (ages 20-3) 3 -Matched for Age, W
	COMMENTS:					3 -Matched for Age, w Filename: 2p9rljc63.
						50.00
	MEDICATIONS: FUSA MAX, PAU-GAME					
	C.M. Mark					
			7	121/07		
	Technologist		Dat	8		6
						GE Healtho
						-
1255	: L 127					246 : L 125

#### PLAKSEN, IRVING L, 075Y M

#### Bone Density Diagnostic Cente

Bone Density Diagnostic Center Dept. of Radiology, UCSD Medical Center 330 Lewis Street, Suite 202 San Diego, CA 92103

MIXEDD 07/25/200 15:13:48

Patient:	PLAKSEN, IRVING L	Patient ID:	1906333		
Birth Date:	5/31/1932 75.1 years	Referring Physician:	HERMANN,D	ENISE D.	
Height / Weight:	72.0 in. 151.0 lbs.	Measured:	7/25/2007	3:13:48 PM	(9.30)
Sex / Ethnic:	Male White	Analyzed:	7/25/2007	3:22:40 PM	(9.30)

#### ANCILLARY RESULTS [AP Spine]

Region	BMD (g/cm²)	Your (%)	2 ng-Adult T-Score	Age-l (%)	3 Matched Z-Score	BMC (g)	Area (cm²)	Width (cm)	Height (cm)
L1	1.322	114	1.4	126	2.3	20.04	15.16	4.8	3.17
L2	1.526	123	2.4	135	3.3	23.50	15.40	5.3	2.90
L3	1.454	117	1.8	129	2.7	25.71	17.68	6.1	2.90
L4	1.503	121	2.2	133	3.1	23.60	15.70	5.7	2.78
L1-L2	1.425	119	1.9	131	2.8	43.54	30.56	5.1	6.06
L1-L3	1.436	119	1.9	131	2.8	69.26	48.24	5.4	8.97
L1-L4	1.452	119	1.9	131	2.9	92.86	63.94	5.5	11.75
L2-L3	1.488	120	2.1	132	3.0	49.22	33.08	5.7	5.80
L2-L4	1.493	120	2.1	132	3.0	72.82	48.79	5.7	8.58
L3-L4	1.477	119	2.0	131	2.9	49.32	33.39	5.9	5.68

1 - Statistically 66% of repeat scans fall within 150 (± 0.010 g/cm<sup>2</sup> for AP Sgine 11-14) 2 - HMMS5 (apec 20-30) (USA (apec 20-40) AP Spine Reference Population (v105) 3 - Matched for Age, Weight (males 25-100 ing), Ethnic Pilenamic Sphth(53.df):

GE Healthcare

Lunar Prodigy DF+15771

#### V 246 : L 125

## DEXA don't use Lx 75M

#### PLAKSEN, IRVING L, 075Y M

906333 ACC#3044932

### Bone Density Diagnostic Cente **Bone Density Diagnostic Center**

Dept. of Radiology, UCSD Medical Center 330 Lewis Street, Suite 202 San Diego, CA 92103

Patient:	PLAKSEN, IRVING L	Patient ID:	1906333		
Birth Date:	5/31/1932 75.1 years	Referring Physician:	HERMANN,D	ENISE D.	
Height / Weight:	72.0 in. 151.0 lbs.	Measured:	7/25/2007	3:16:06 PM	(9.30)
Sex / Ethnic:	Male White	Analyzed:	7/25/2007	3:22:41 PM	(9.30)

#### ANCILLARY RESULTS [Left Femur]

BMD 1	Your	2 Ing-Adult	Age-	3 Matched	BMC	Area
(g/cm²)	(%)	T-Score	(%)	Z-Score	(g)	(cm²)
0.789	74	-2.2	92	-0.6	4.57	5.80
0.655	72	-2.0	94	-0.3	1.88	2.87
0.535	56	-3.3	81	-1.0	1.99	3.73
0.671	72	-2.4	81	-1.5	11.45	17.05
0.963	-	-	-		15.48	16.07
0.809	74	-2.0	86	-0.9	31.50	38.91
	(g/cm <sup>2</sup> ) 0.789 0.655 0.535 0.671 0.963	(g/cm <sup>2</sup> ) (%) 0.789 74 0.655 72 0.535 56 0.671 72 0.963 -	(g/cm²)         (%)         T-Score           0.789         74         -2.2           0.655         72         -2.0           0.535         56         -3.3           0.671         72         -2.4           0.963         -         -	(g/cm <sup>2</sup> )         (%)         T-score         (%)           0.789         74         -2.2         92           0.655         72         -2.0         94           0.535         56         -3.3         81           0.671         72         -2.4         81           0.963         -         -         -	(g/cm²)         (%)         T-Score         (%)         Z-Score           0.789         74         -2.2         92         -0.6           0.655         72         -2.0         94         -0.3           0.535         56         -3.3         81         -1.0           0.671         72         -2.4         81         -1.5           0.963         -         -         -         -	(g/cm <sup>2</sup> )         (%)         T-scare         (%)         2-scare         (g)           0.789         74         -2.2         92         -0.6         457           0.655         72         -2.0         94         -0.3         1.88           0.535         56         -3.3         81         -1.0         1.99           0.671         72         -2.4         81         -1.5         11.45           0.963         -         -         -         15.48

1 -Statistically 68% of repeat scans fall within 1SD (± 0.014 g/cm<sup>2</sup> for Left Femur Neck) 2 -NHANES (ages 20-30) / USA (ages 20-40) Femur Reference Population (v105) 3 -Matched for Age, Weight (males 25-100 kg), Ethnic Filename: 2p9rljc63.dfx

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MIXEDE

07/25/200

15:13:48

W 246 : L 125

PLAKSEN, IRVING L, 075Y M Bone Density Diagnostic Cente 906333 MIXEDE **Bone Density Diagnostic Center** ACC#3044932 07/25/20 Dept. of Radiology, UCSD Medical Center 15:13:48 330 Lewis Street, Suite 202 San Diego, CA 92103 Patient: PLAKSEN, IRVING L Patient ID: 1906333 Birth Date: 5/31/1932 75.1 years Referring Physician: HERMANN, DENISE D. Height / Weight: 72.0 in. 151.0 bs. 7/25/2007 3:13:48 PM (9.30) Measured: 3:22:40 PM (9.30) Sex / Ethnic: Male White Analyzed: 7/25/2007 Age-Matched BMD Young-Adult Reference: AP Spine L1-L4 BMD (g(cm<sup>2</sup>) YA T-Score (g/cm<sup>2</sup>) T-Score Z-Score 1.322 1.4 2.3 3.3 1.526 2.4 1.454 1.8 1.503 2.2 1.9 3.1 2.9 1.452 L1-L4 0.86 20 30 40 50 60 70 80 90 100 Matched for Age, Weight (males 25-100 kg), Ethnic Age (years) NHAMES (ages 20-30) / USA (ages 20-40) AP Spine Reference Population (v105) Statistically 68% of repeat scans fall within 15D (± 0.010 g/cm<sup>2</sup> for AP Spine L1-L4) Image not for diagnosis Reference: Left Femur Neck BMD Young-Adult Age-Matched (g/cm²) T-Score Z-Score Veck. 0.789 -2.2 -2.4 -2.0 -0.6 -1.5 -0.9 0.671 Total 0.809 0.58 30 40 50 60 70 80 90 100 20 Age (years) Matched for Age, Weight (males 25-100 kg), Ethnic NHANES (ages 20-30) / USA (ages 20-40) Femur Reference Population (v105) Statistically 68% of repeat scans fall within 1SD (± 0.014 g/cm² for Left Femur Neck) Image not for diagnosis

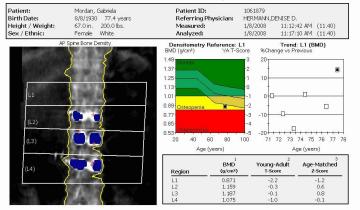
GE Healthcare W 246 : L 125

DF+15771

# DEXA don't use Lx 75M

	s revious (%)
2	ation (v105)
Trend: Neck Trend: Neck	_
XChange vs Previous         Change vs           21         Measured         Age         BMD         Previous         Previous	s revious (%)
7/25/2007 75.1 0.789 -0.013 8/2/2006 74.1 0.802 0.011 1/24/2002 69.6 0.791 -	-1.6 1.4
68 70 71 72 73 74 75 76 Age (year) 14MES (opts 30-30) (USA (opts 50-30)) (USA (opts 50-30)) (USA (opts 50-30)) (USA (opts 50-40)) (USA (opts 50-40	ation (v105)

**GE Healthcare** W 255 : L 127 Lunar Prodigy DF+15771



	Measured Date	Age (years)	Trend: L1 BMD (g/cm²)	Char Previous (g/cm²)	nge vs Previous (%)
	1/8/2008	77.4	0.871	0.108*	14.2*
COMMENTS: L-med,Lt.F-med,P-2	1/9/2007	76.4	0.762	-0.046	-5.7
	1/6/2005	74.4	0.808	0.007	0.8
	12/16/2003	73.3	0.802	-0.171*	-17.6 *
	12/12/2002	72.3	0.973	-0.107*	-9.9*
	12/11/2001	71.3	1.080	-	-
Image not for diagnosis			on 95% confidence all within 15D (± 0.0		
Prinked: //d/2008 11:17:27 AM (11.40)76:3.00:22.22:27.0.0.00:14.22 0.60:10.95 G& MSKehr=42.9% 0.00:0.00.00:00:00 Filename: devoids:0.4 Scan Mode: Thick. 83.0 µSy	2 - NHANES (ages 2 3 - Matched for Age 11 - World Health On Normal = T-Scor	0-30) / USA (ages , Weight (females ganization - Definit e at or above -1.0 T-Score at or belo	20-40) AP Spine Rel 25-100 kg), Ethnic ion of Osteoporosis SD; Osteopenia = T v -2.5 SD; (WHO del	erence Population ( and Osteopenia for -Score between -1. initions only apply v	v105) Caucasian Wome 0 and -2.5 SD;

Lunar Prodigy DF+15771

#### Bone Density Diagnostic Center Dept. of Radiology, UCSD Medical Center 330 Lewis Street, Suite 202 San Diego, CA 92103

Patient: Birth Date:	Mordan, Gabriela 8/8/1930 77.4 years	Patient ID: Referring Physician:	1061879 HERMANN,DENISE D.
Height / Weight:	67.0 in. 200.0 lbs.	Measured:	1/8/2008 11:12:42 AM (11.40)
Sex / Ethnic:	Female White	Analyzed:	1/8/2008 11:17:10 AM (11.40)

#### ANCILLARY RESULTS [AP Spine]

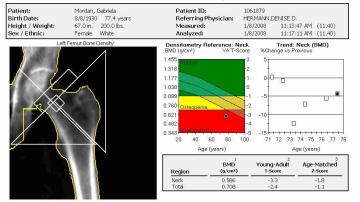
Region	BMD	Your	2 Young-Adult		3 Matched	BMC	Area	Width	Height
	(g/cm²)	(%) T-Score		(%) Z-Score		(g)	(cm²)	(cm)	(cm)
E1	0.871	77	-2.2	86	-1.2	10.29	11.82	4.1	2.89
L2	1.159	97	-0.3	106	0.6	11.31	9.77	3.3	2.94
L3	1.187	99	-0.1	109	0.8	10.19	8.58	2.8	3.09
L4	1.075	90	-1.0	99	-0.1	11.90	11.07	3.1	3.55

1 -Stabistically 68% of repeat scans fall within 150 ( $\pm$  0.030 g/cm<sup>3</sup> for AP Spine L1) 2 -VHAKES (ages 20-30) /USA (ages 20-40) AP Spine Reference Population (v105) 3 -Matched for Age, Weight (females 25-100 kg), Ethnic Flerence: glacu(s53.df:

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Lunar Prodigy DF+15771

## DEXA vertebroplasty 77F



Left = 14.2			Trend: Neck	Char	nae vs
-30 -20 -10 Mean 10 20 30 (Left = 123.5 mm) (Mean = 109.3 mm)	Measured Date	Age (years)	BMD (g/cm²)	Previous (g/cm²)	Previous (%)
· · · · · ·	1/8/2008	77.4	0.586	-0.027	-4.5
COMMENTS: L-med.Lt.F-med,P-2	1/9/2007	76.4	0.613	-0.037	-5.7
	1/6/2005	74.4	0.650	-0.051 *	-7.3 *
	12/16/2003	73.3	0.701	-0.102*	-12.7 *
	12/12/2002	72.3	0.803	-0.008	-1.0
	12/11/2001	71.3	0.811	-	-
Printed: 1/8/2008 11:17:41 AM (11.40)76:3.00:50.00:12.0 0.00:13.26 .60x1.05 21.7:%Fat=45.0%	2 - NHANES (ages 2	of repeat scans fo 0-30) / USA (ages	all within 15D (± 0.0 20-40) Femur Refe	: interval. )14 g/cm² for Left Fe rence Population (v1	
Printed: 1/9/2008 11:17:41 AM (11:40)7613.00:50.00:12.0 0.00:13.26 560:1.05 21.7:96-bt-=45.0% 500:0.00 0.00:00 Veck Angle (deg)= 45 Haname: deau(s3.dfx	1 - Statistically 68% 2 - NHANES (ages 2 3 - Matched for Age 11 - World Health On Normal = T-Scor Osteoporosis =	of repeat scans for 0-30) / USA (ages 5, Weight (females ganization - Definiti e at or above -1.0	all within 1SD (± 0.0 20-40) Femur Refe 25-100 kg), Ethnic ion of Osteoporosis SD; Osteopenia = -2.5 SD; (WHO de	114 g/cm <sup>2</sup> for Left Fe rence Population (v1 and Osteopenia for T-Score between -1. finitions only apply v	05) Caucasian Women: 0 and -2.5 SD;
Image not for diagnosis Image not for diagnosis Sociol. 68 21.7%4.9%4.4% (11.40)76:33:00:50:00:12:0:0.00:13:26 0.00:0:0:0:0:0:0 Finanze: diagnosis Finanze: diagnosis Scan Mode: Standard 37:0 µGy	1 - Statistically 68% 2 - NHANES (ages 2 3 - Matched for Age 11 - World Health On Normal = T-Scor Osteoporosis =	of repeat scans for 0-30) / USA (ages 5, Weight (females ganization - Definiti e at or above -1.0 T-Score at or below	all within 1SD (± 0.0 20-40) Femur Refe 25-100 kg), Ethnic ion of Osteoporosis SD; Osteopenia = -2.5 SD; (WHO de	114 g/cm <sup>2</sup> for Left Fe rence Population (v1 and Osteopenia for T-Score between -1. finitions only apply v	05) Caucasian Women:

#### Bone Density Diagnostic Center Dept. of Radiology, UCSD Medical Center 330 Lewis Street, Suite 202 San Diego, CA 92103

Patient: Birth Date:	Mordan, Gabriela 8/8/1930 77.4 years	Patient ID: Referring Physician:	1061879 HERMANN, DENISE D.
Height / Weight:	67.0 in. 200.0 lbs.	Measured:	1/8/2008 11:13:47 AM (11.40)
Sex / Ethnic:	Female White	Analyzed:	1/8/2008 11:17:11 AM (11.40)

#### ANCILLARY RESULTS [Left Femur]

	BMD 1	2 Young-Adult		3 Age-Matched		BMC	Area
Region	(g/cm²)	(%)	T-Score	(%)	Z-Score	(g)	(cm²)
Neck	0.586	56	-3.3	70	-1.8	2.45	4.18
Upper Neck	0.516	63	-2.5	76	-1.4	1.06	2.05
Lower Neck	0.653	-	-	-	-	1.39	2.12
Wards	0.582	64	-2.5	86	-0.7	1.13	1.94
Troch	0.606	71	-2.1	83	-1.1	10.78	17.77
Shaft	0.872	-	-		-	12.37	14.19
Total	0.708	70	-2.4	83	-1.1	25.59	36.14

1 -Statistically 66% of repeat scans fal within 15D (± 0.014 g/cm² for Left Femur Neck)
 2-MHANES (ages 20-30) /USA (ages 20-40) Femur Reference Population (v105)
 3-Matched for Age, Weight (females 25-100 kg), Ethnic
 Fleramer, glacu(s5.3 df×

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Lunar Prodigy DF+15771

DEXA vertebroplasty 77F

#### Bone Density Diagnostic Center Dept. of Radiology, UCSD Medical Center 330 Lewis Street, Suite 202 San Diego, CA 92103

Patient: Birth Date: Height / Weight: Sex / Ethnic:	Mordan, Gabriela 8/8/1930 77.4 years 67.0 in. 200.0 lbs. Female White	Patient ID: Referring Physi Measured: Analyzed:	cian: H	061879 ERMANIN,DE /8/2008 /8/2008				
	Trend: L1 (BMD)	Trend: L1						
) {	%Change vs Previous 20	Measured Date	Age (years)	BMD (g/cm²)	Cha Previous (g/cm²)	nge vs Previous (%)		
u		1/8/2008 1/9/2007 1/6/2005	77.4 76.4 74.4	0.871 0.762 0.808	0.108* -0.046 0.007	14.2* -5.7 0.8		
(13)		12/16/2003 12/12/2002 12/11/2001	73.3 72.3 71.3	0.802 0.973 1.080	-0.171* -0.107*	-17.6 * -9.9 *		

Age (years)

Image not for diagnosis

			Trend: Neck					
	Trend: Neck (BMD) %Change vs Previous	Measured Date	Age (years)	BMD (g/cm²)	Chan Previous (g/cm²)	ge vs Previous (%)		
		1/8/2008	77.4	0.586	-0.027	-4.5		
X	-2	1/9/2007	76.4	0.613	-0.037	-5.7		
	4	1/6/2005	74.4	0.650	-0.051*	-7.3*		
	6	12/16/2003	73.3	0.701	-0.102*	-12.7*		
	8	12/12/2002	72.3	0.803	-0.008	-1.0		
	-10	12/11/2001	71.3	0.811	-	-		

Matched for Age, Weight (females 25-100 kg), Ethnic NHANES (ages 20-30) / USA (ages 20-40) Femur Reference Population (v105) Statistically 68% of repeat scars fall within 150 (± 0.014 g/cm² for Left Femur Neck)

Matched for Age, Weight (females 25-100 kg), Ethnic NHANES (ages 20-30) / USA (ages 20-40) AP Spine Reference Population (v105) Statistically 68% of repeat scans fall within 15D (± 0.030 g/cm<sup>2</sup> for AP Spine L1)

Image not for diagnosis

\* - Indicates significant change based on 95% confidence interval.

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Lunar Prodigy DF+15771

Bone Density F		Inform	ation		
DEXA (FONE DENSITY) SKELETA 01/08/2000 11:00 Status: 0 E-3133807 HORDAN, GADRIELA HRH: 1051376	His Dia Reg		FOUG Age: heart tx nnual review D: HERMANN, DENISE IFIC 07175	77 Years D, M.D.	
	57				
Gender: Male Female HEIGHT:	200 WE	IGHT:	200		
	Yes Where?	No			
Is there any family history of Osteoporosis? Do you smoke now or have you in the past? Have you had any fractured bones as an aduit? If yes, wher?	Yes Yes Yes	(S)(S)			
Do you consume 3 or more dairy servings per day? Do you take calcium supplements? Do you exercise at least 3 times per week? Do you drink more than 2 alcoholic drinks per day? Do you drink for more curs of doffee or service at any	Vhich bone(s)? Yes Yes Yes Yes	(2) N (2) (2)	Occasionally Occasionally Occasionally Occasionally		
Have you gone through menopause?		(NO	Occasionally		
Have you had a hysterectomy? If so, were your ovaries removed? Do you take estrogen? If yes, for how many years?	Yes Yes Yes Yes	No No No No			
Do you take medication for Osteoporosis? If yes, what kind?	Yes	No			•
For how long? Are you taking seizure medication?					
Do you take oral prednisone or cortisone medications? Have you had surgery on your spine? What kind?	Yes Yes Yes	NO NO			
Have you had surgery on your hips?	Yes	No			
Do you any of the following?: Please circle if yes. <u>Invoid condfight</u> Bowel Disease <u>Caney Disease</u> unhits <u>Asthrma</u>	Cancer	RIGHT	ВОТН		
OMMENTS:					
EDICATI ONS:					
1		-			
ichne		10	tot and		

#### Gabriela Mordan Meds List

1 Rapamune	1 mg		at noon
2 Prograf	2 mg		1 mg tabs
3 CellCept	1000 mg		500 mg tabs
4 Metoprolol tartrate	100 mg/am,	50 mg/pm	50 mg tabs
5 Fosinopril	40 mg	QD	40 mg tabs
6 Bumetanide	3 mg	QD	1 mg tabs
7 Colchicine	0.6 mg	QD	0.6 mg tabs
8 Zocor	20 mg	QD	20 mg tabs
9 Zetia	10 mg	QD	10 mg tags
10 Evista 11 Calcium carbonate 12 Vitamin D	60 mg 650 mg	QD TID	60 mg tabs 650 mg tabs
13 Levothyroxine	0.025 mg	QD	0.025 mg tabs
14 Sporanox	200 mg		100 mg tabs
15 Omeprazole	20 mg		20 mg tabs
16 Aspirin EC	81 mg		81 mg tabs
17 Docusate	500 mg		250 mg caps
- Merforin	5 mg	QD	

-17 Warfarin

18->

Multivitamins Vitamin B6 Vitamin B 12 Vitamin C

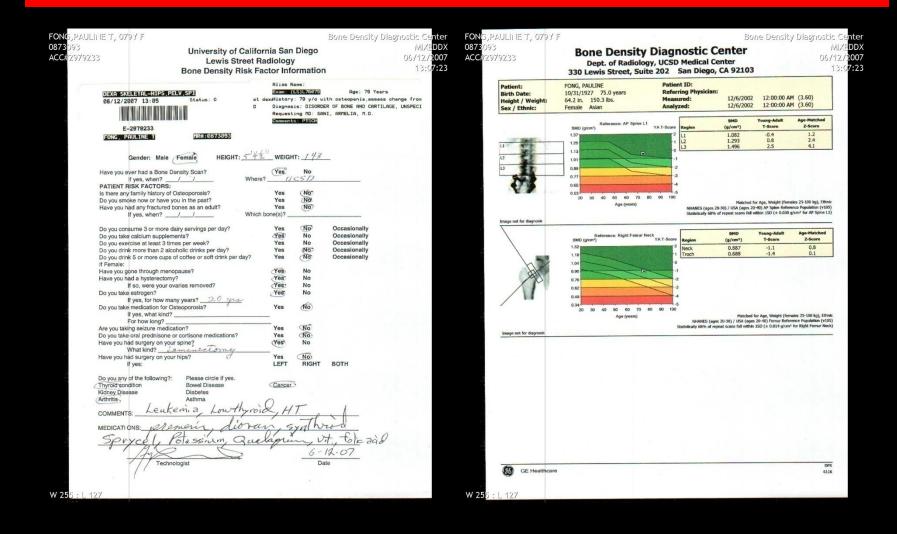
Magnesium

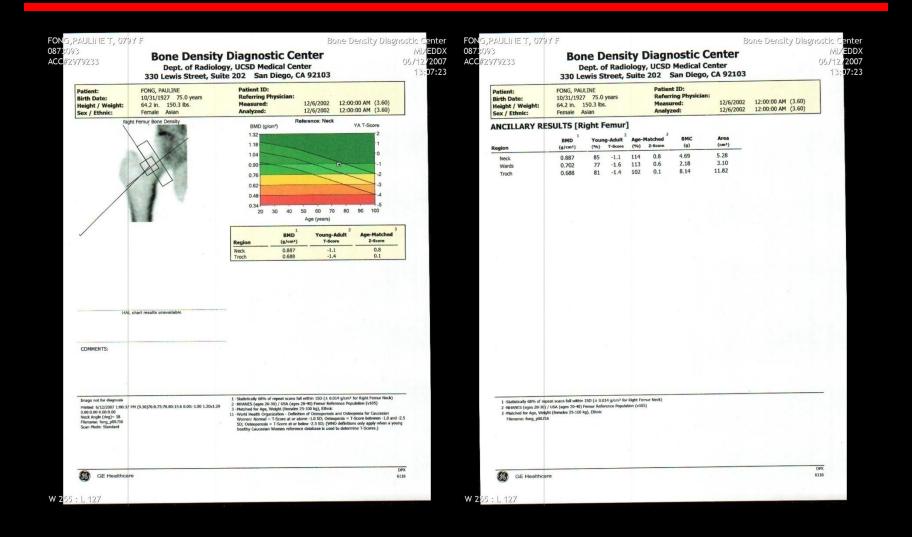
MORDAN, GABRIELA F DOB: 08/08/1930 MRH: 1051879 ALIAS: ACCH 3133807 (LS)L77080 DEXA (BONE DENSITY) SKELETAL Pt. Loc: 1 Date: 01/08/2008 Time: 11:00 LDEXA Last similar exam: Time:

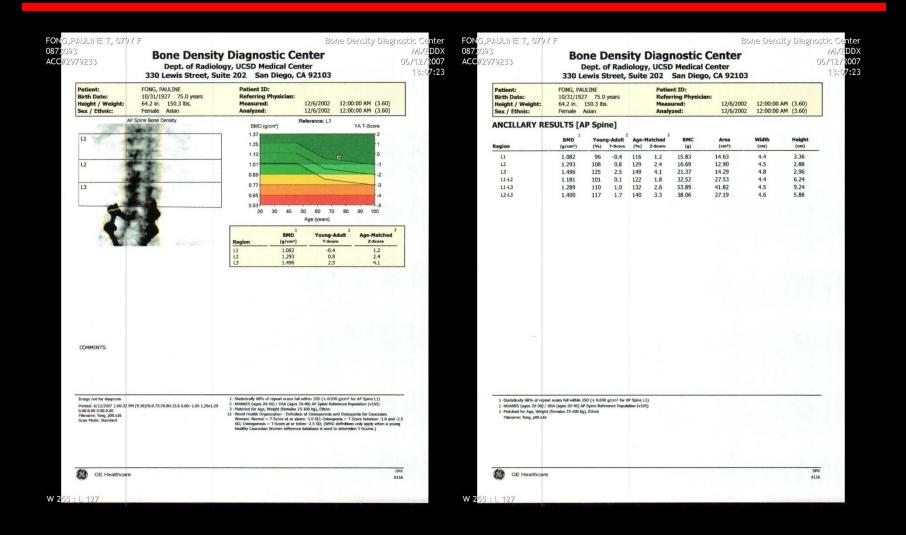
Attending MD: HERMANN, DENISE D, M.D. P/B: (619) 543-5743 / (619)290-5592 Requesting MD: HERMANN, DENISE D, M.D. P/B: (619) 543-5743 (619)290-5592

Precaution/Allergies: IODINE

Diagnosis:annual review

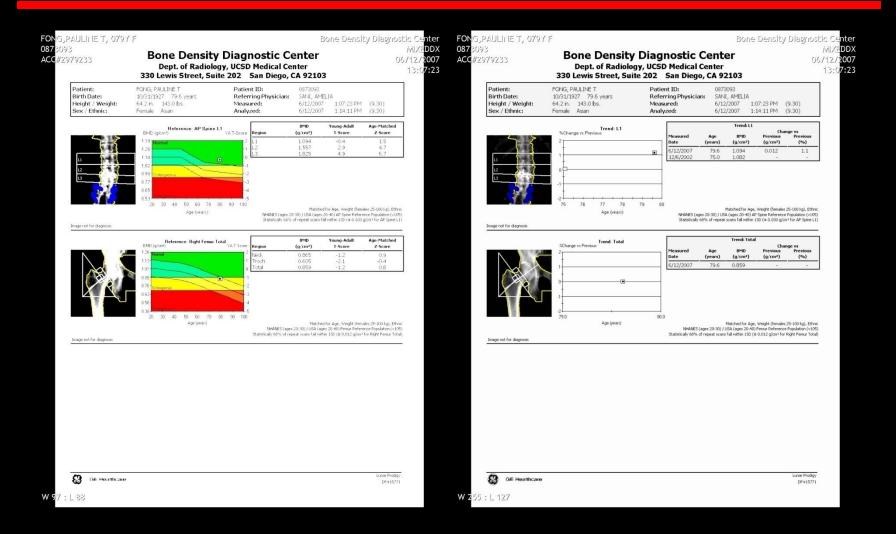






FONG, PAULINE T, 079Y F FONG, PAULINE T, 079Y F Bone Density Diagnostic Center Bone Density Diagnostic Center 0873 Lewis St. Women's Center MI/EDDX 0873093 MIXEDDX Lewis St. Women's Center ACC#2979233 Bone Densitometry 05/12/2007 ACC#2979233 Bone Densitometry 06/12/2007 MRN: 0873093 FONG, PAULINE T DOB: 10/31/1927 Sex Status: 0 Patient Loc: 13:07:23 13:07:23 MRN: 0873093 FONG, PAULINE T Sex: F DOB: 10/31/1927 Sex Status: O Patient Loc: Sex . F Requested by: Armelia Sani, M.D. Attending Physician:Edward D Ball, M.D. Requested by: Armelia Sani, M.D. Attending Physician:Edward D Ball, M.D. ACC:1781438 12/06/200214:45 DEXA SKELETAL-HIPS, PELV, SPINE ACC:1781438 12/06/200214:45 DEXA SKELETAL-HIPS, PELV, SPINE Foundation Classification is within normal limits. Procedure: DEXA, BONE DEN, SKEL The L4 vertebral body has not been included in the evaluation of the lumbar spine bone mineral density due to placement of pedicle screws and fixation rods. In addition, since 08/08/00, there has been a decrease in bone mineral density, but this is not CLINICAL HISTORY: Screening bone mineral density. On estrogen. statistically significant. REFERENCE FILMS: IMPRESSION: 1. Normal bone mineral density of the left femoral neck and lumbar gpine from L1 to L3. Prior study of 08/08/00. RIGHT FEMUR (NECK): The bone mineral density is 0.887 gm/cm sq. Percentage of young normal mean is 91%. T-score is -0.78. Percentage age-matched mean is 114%. Z-score is 0.90. FINDINGS: World Realth Organization and National Osteopathic Foundation Classification is consistent with normal. There has been a decrease in the bone mineral density of the femoral neck, but this is not statistically significant since 08/08/00. LUMBAR SPINE (L1-L3): The bohe mineral density is 1.289 gm/cm sq. Percentage of young normal mean is 110%. T-score is 0.99. Percentage age-matched mean is 127%. Z-score is 2.8. World Health Organization and National Osteopathic Foundation Classification is normal. COMMENTS: There is significant degenerative facet arthropathy and disc disease at the 13 and 14 levels which could artifactually elevate the bone mineral density. At the 11 level, the bone mineral density is 1080 percentage age-matched mean is 20%; Z-score is 7-score is 4000 percentage age-matched mean is 120%; Z-score is 1.50. World Health Organization and National Osteopathic Approved by: Rama Sharma, M.D. /signed by/ Rama Sharma, M.D. Amilcare Gentili, M.D. /signed by/ Amilcare Gentili, M.D. ,Staff Radiologis 01/14/2003 01/14/2003 Transcribed on: 01/13/2003 09:34 by Regina Pizarro W 255 : L 127 W 255 : L 127

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irth Date: 1 leight / Weight: 6	ONG, PAU 0/31/1927 4.2 m. : female A	79.6 y 143.0 lbs.	ears		Patier Refer Measi Analy	ring Physician: ured:	0873093 SANI, AMEL 6/12/2007 6/12/2007	IA 1:07:23 PM 1:14:11 PM		Patient: Birth Date: Height / Weight: Sex / Ethnic:	64.2 m.	27 79.6 years		Refe Mea	ient ID: erring Physiciar asured: lyzed:	0873093 SANI, AM 6/12/2007 6/12/2007	1:09:21 Pl	
NCILLARY RESU	LTS [AI	P Spine	e]							ANCILLARY RE	SULTS [R	light Femur	·]					
	BMD (g/cm²)			Age-M (%)	atched z-score	BMC (g)	Area (cm²)	Width (cm)	Height (cm)	Region	1 BMD (g/cm²)	2 Young-Adult (%) T-Score				Area (cm²)		
L2 L3 L1-L2 L1-L3	1.094 1.557 1.825 1.330 1.464 1.464	96 1299 112 124 124 138	-0.4 2.9 1.2 2.3 3.8	119 158 182 138 152 152 169	15 4.7 3.0 4.1 5.6	34.97 54.27	13:55 12:94 10:57 26:49 27:06 22:51 22:51	4.3 4.7 4.7 4.5 4.6 4.7 4.7	3.15 2.76 2.27 5.91 8.18 5.03	Nedi: Upper Nedi: Wards Troch Shaft Total	0.85% 0.53% 0.644 0.605 1.073 0.859	88 -1.2 73 -1.9 67 -2.3 71 -2.1  85 -1.2	10. 10- 9-	1 0.0 4 0.2 4 -0.4	4.57 1.53 1.90 7.61 15.89 28.06	5.28 3.09 12.57 14.81 32.66		
1 -Ratotically 68% of repeat scars 2 -BenAdS (ages 20:00) (UA) (age 3 -Matched for Age, Weight (female Filename: ethigs(d).df)	es 20-40) AP 5	pine Referen								1 - 9tatchtally 86% of repea 2 - MeMES (april 2000) [U 3 - Matched for Age, Weight Filename: eHapol3.dfs	5A (ages 20-40) Fer	niur Reference Population						
GE Healthcare									Lunar Proc DF+15	GE Healthcare	i.							Lunar Prode DF+1577
88										7 : L 88								







Bone Densitometry DEPA



- Accuracy similar to QCT
- Less radiation than QCT
- Measures cortical and trabecular
- Less sensitive to early changes
- Affected by aortic Ca<sup>2+</sup>

### Bone Densitometry QCT

- Single energy 97% accurate
- Dual energy not routinely available
- 300mR
- Fat content adversely affects accuracy
- Difficult to reproduce positioning
- Can only measure trabecular bone
- 8X increase turnover of trabecular bone







Dr. Tudor H. Hughes M.D., FRCR Department of Radiology University of California School of Medicine San Diego, California

# DEXA Interpretation : Pearls and Pitfalls

#### **ROAD MAP**

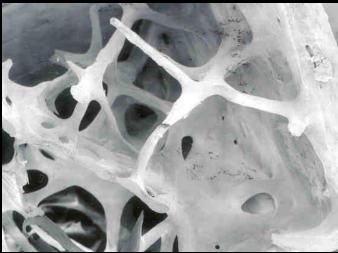
- Defining osteoporosis
- Review of bone physiology
- **DEXA interpretation basics**
- DEXA imaging examples
  - Cases for YOU!
  - Expert Consultant



### What is Osteoporosis?



Normal Bone\*



Osteoporotic Bone\*

A systemic skeletal disease characterized by low bone mass and micro-architectural deterioration of bone tissue with a consequent increase in bone fragility and susceptibility to fracture.\*

\*Consensus Development Conference: Diagnosis, Prophylaxis, and Treatment of Osteoporosis. *Am J Med.* 1991;90:107.

\*Images used with permission of David Dempster, PhD. Copyright 2001

# Worldwide...

- Over 200 million people worldwide have osteoporosis
- 9 million osteoporotic fractures annually
  - 39% were in men
    - 42% vertebral fractures
    - 30% hip fractures
    - 20% forearm



Cooper C, et al. Osteoporos Int. 1992 Nov;2(6):285-9 Melton III LJ, et al. J Bone Miner Res 1992;7:1005-10 Randell A, Osteoporosis Int 1995;5:427-32 Khosla, Sundeep, et al. *Endocrine Reviews*. 2008; 29(4): 441-464

### In the United States...

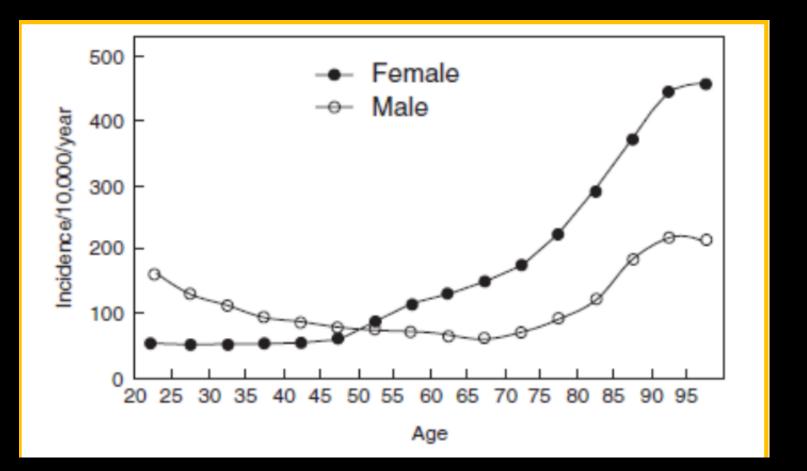
- 1 in 5 men > 50 yrs will have an osteoporosis related fracture
- 30% of all postmenopausal women in the US have osteoporosis
  - 40% will sustain ≥ 1 fracture in their remaining lifetime





Lim, Lionel. American Journal of Preventative Medicine. 2009; 36(4): 366-375. Khosla, Sundeep, et al. Endocrine Reviews. 2008; 29(4): 441-464. Khosla, Sundeep, et al. J Clin Endocrinol Metab. 2010; 95(1): 3-10.

# Age and gender vs fracture rate



T.P. van Staa, et al. Bone. 2001. 29:517-522.

#### **Financial Cost**

In 2005, cost of treating individuals with osteoporotic fractures in US = \$17 billion

In 2020 expected to = \$25 billion
 Number of women and men with osteoporosis projected to double by 2020

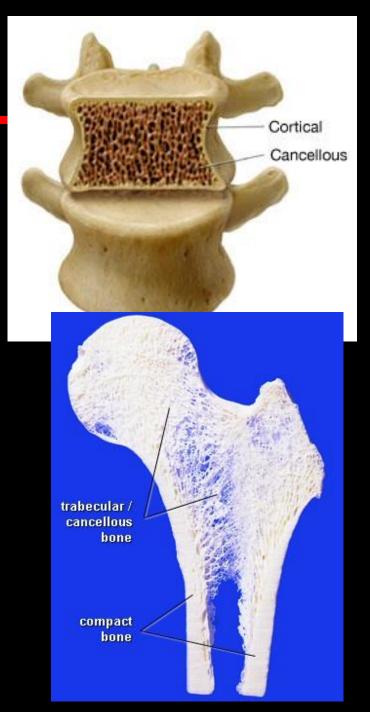




Lim, Lionel. American Journal of Preventative Medicine. 2009; 36(4): 366-375.

# **BONE REVIEW**

- <u>Trabecular / cancellous</u> <u>bone</u>
  - ↑ surface area
  - J density, weaker
- Cortical / compact bone

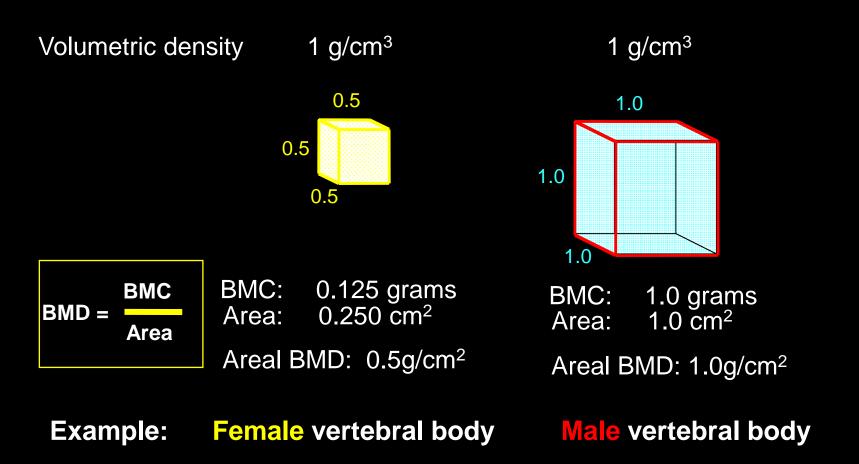


# **Bone Strength**

- Bone Density measurable
  - DEXA (aBMD=g/cm<sup>2</sup>)
  - QCT (vBMD=g/cm<sup>3</sup>)

- Bone Quality not well-defined, includes
  - Architecture
  - Turnover
  - Damage accumulation
  - Mineralization
  - Collagen quality

### **DEXA Measures Areal BMD** Areal vs. Volumetric Measurement



# Male bones are larger



#### Female

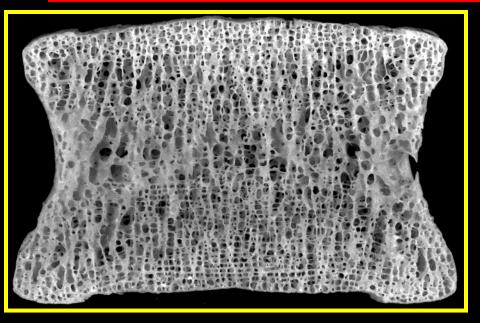




# **Bone Strength**

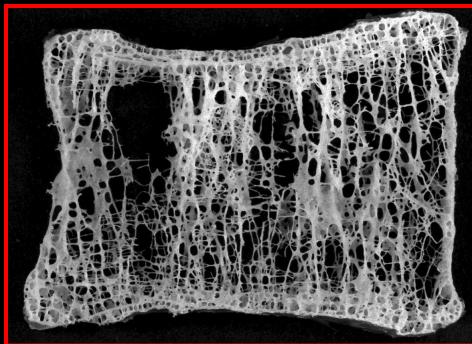
- Bone Density measurable
  - DXA (aBMD=g/cm<sup>2</sup>)
  - QCT (vBMD=g/cm<sup>3</sup>)

- Bone Quality not well-defined, includes
  - Architecture
  - Turnover
  - Mineralization
  - Collagen quality
  - Damage accumulation

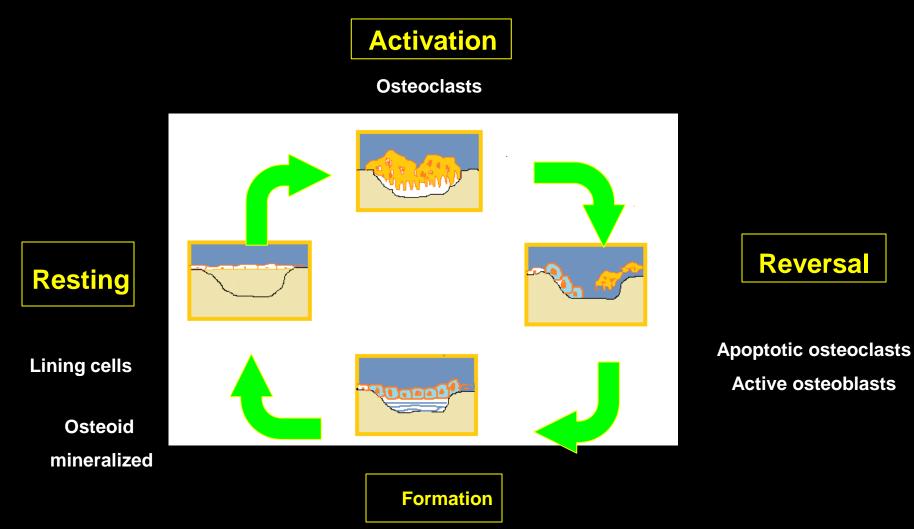


### Osteoporotic vertebra

### Normal vertebra



# Turnover: Bone Formation vs Bone Resorption



Osteoblasts produce osteoid

## **Damage Accumulation**

### Normal

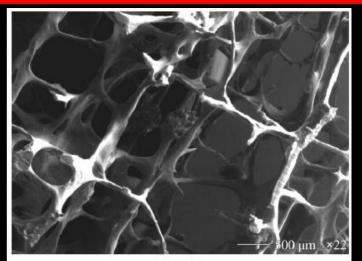


### Osteoporosis



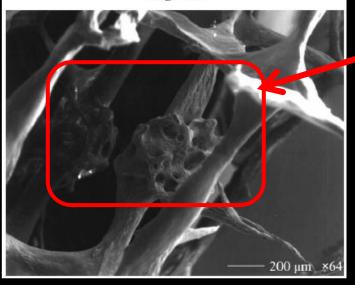
**Microfractures** 

## **Damage Accumulation**



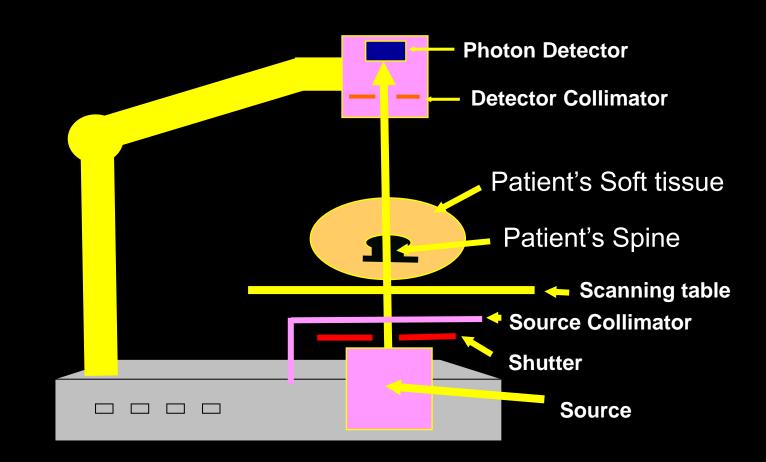






Lis Mosekilde, et al, J Musculoskel Neuron Interact 2000; 1:25-30

### **Components of Central DEXA Scanners**

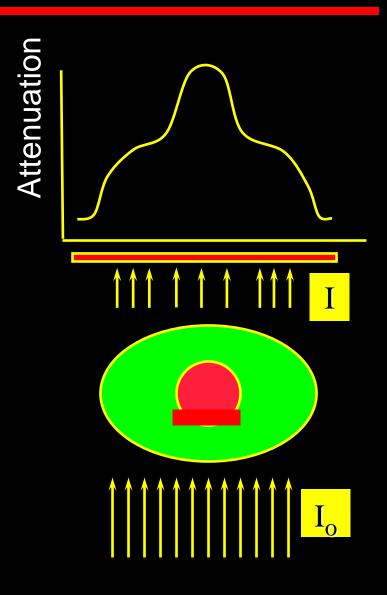


X-ray source, Collimators, Detector(s)

Courtesy of Dr. B. Tanner

# **Attenuation of X-rays**

- Differential attenuation by **bone** and **soft tissue**
- Incident beam (I<sub>o</sub>)
  - X-rays which enter
- Transmitted beam (I)
  - X-rays which exit
- Attenuation



# How Much Radiation Am I Getting?

- ~3 uSv with a DEXA scan
  - CXR = 50-150 uSv
  - Mammogram=450 uSv
  - L-spine= 700 uSv
  - Daily background= 8 uSv



### Why Use DEXA?

- Established gold standard for BMD testing
- WHO defines osteoporosis in context of DEXA
- Graded relationship exists b/t DEXA determined BMD and future osteoporotic fracture risk

 Clinical trials showing efficacy of medical therapy for reducing fracture risk use DEXA

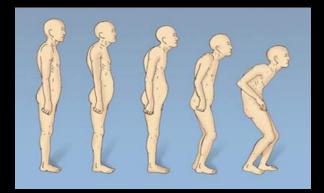
Schuit, ACE, et al. "Fracture Incidence and Association with Bone Mineral Density in Elderly Men and Women: The Rotterdam Study." BONE. 2004; 34: 195-202. Llu, Hau, et al "Screening for Osteoporosis in Men: A Systematic Review for an American College of Physicians Guideline." Annals of Internal Medicine. 2008; 148(9): 685-01.

# **DEXA Shortcomings...**

- DXA machines are not portable
- Cost = \$35,000
- Factors affect accuracy of DEXA
  - Artifacts
  - Need for same machine at same institution
  - Alignment during test; trained personnel
- Radiation exposure
- No information regarding bone architecture

# **Defining Osteoporosis Clinically**

T-Score	Diagnosis
-0.99 SD or greater	Normal
-1 to -2.49 SD	Osteopenia
-2.5 SD or worse or fragility fracture	Osteoporosis
-2.5 SD or worse with fracture	Severe osteoporosis



## T-score Compares With Young Adult; Z-score with Age-Matched

#### T-score = <u>Patient's BMD - Young Normal Mean BMD</u>

#### **SD of Young Normal**

## Z-score = Patient's BMD- Age Matched Mean BMD

**SD of Age Matched** 

## **Using T-scores vs. Z-scores**

#### <u>T-scores</u>

- WHO diagnositic classification of osteoporosis in men and postmenopausal women
- WHO classification with T-score <u>cannot</u> be applied to healthy premenopausal women, men under age 50, or children
- Gender matched (not ethnicity or weight)

#### **Z-scores**

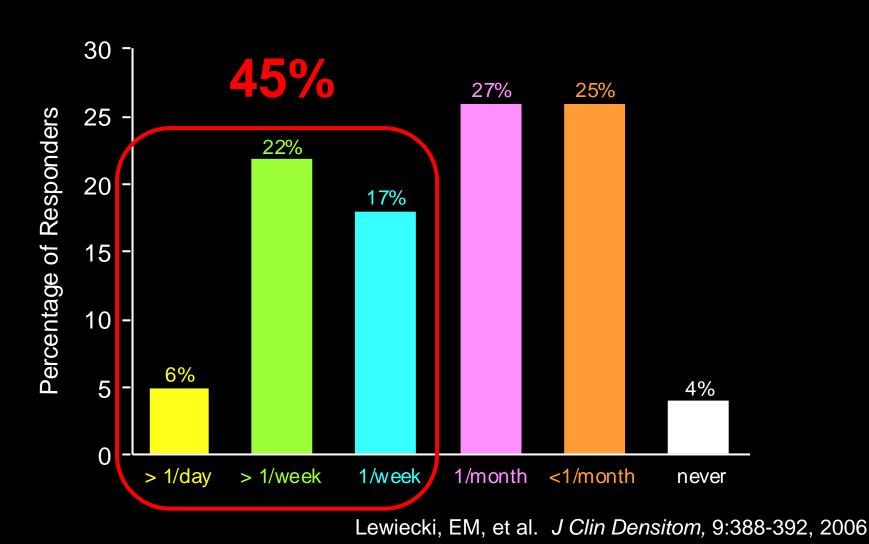
- For use in reporting BMD in healthy premenopausal women, men under age 50, and children
  - Z-score -2.0 or less is defined as "below the expected range for age"
  - Z-score above -2.0 is "within the expected range for age"

Age, gender, weight and ethnicity matched

## Why Use T-scores?

- Different reference databases have different BMD means and SD
- There are differences in
  - Technologies of x-ray generation
  - Edge Detection approaches
  - Region of interest (ROI) placement
- T-scores allow use of same diagnostic criteria with instruments from different manufacturers

### "How often do you see a patient with a previous DEXA report interpretation that is incorrect?"



Name: Patient ID: DOB: Sex: Female Ethnicity: Hispanic Menopause Age: 34

Comment:

Height: 57.4 in Weight: 105.0 lb Age: 55

Referring Physician:

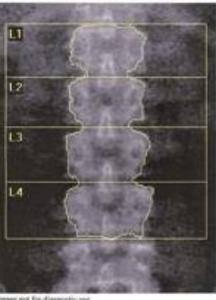


Image not for diagnostic use & = 1,160; d0 = 47.6 116 x 126 Scan Information:

Scan Date: ID: Scan Type: I Lumbar Spine Analysis: 11:09 Versi Lumbar Spine Operator: Model:



### Results T- and

es

Z-sc

#### **DXA Results Summary:**

Region L1 L2 L3 L4 Total	Area (cm <sup>1</sup> )	BMC (g)	BMD (g/cm <sup>2</sup> )	T - Score	PR (%)	Z- Score	AM (%)
1.1	11.19	6.93	0.619	-2.8	67	+1.8	76
12	11.43	7.60	0.665	-3.5	65	-22	73
1.3	13.66	10.68	0.782	-2.7	72	+1.6	81
1.4	14.40	10.49	0.728	-3.5	65	-2.4	74
Total	50.68	35.69	0,704	-3.1	67	-2.0	76

Total BMD-CV 1.0%, ACF = 1.033, BCF = 1.046, TH = 6.689

Physician's Comment:



Image

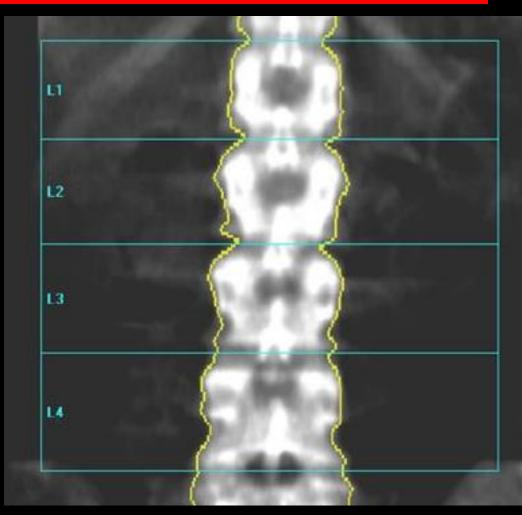
1.8 1.4-1.2 1.0 BN 2.4 1.4 1.4 2.2 25 10 25 40 \*\*\* 18 ŵ. 21 ÷. -53. Age Reference curve and scores matched to Hispanic Female

Total

Source: T-Score not adjusted for ethnicity per ISCD

## Lumbar Spine: Optimal Positioning

- Spine is centered
- Spine is straight
  - Not tilted
- Both iliac crests are visible; often between L4 and L5
- Scan includes
  - Middle of L5
  - Middle of T12

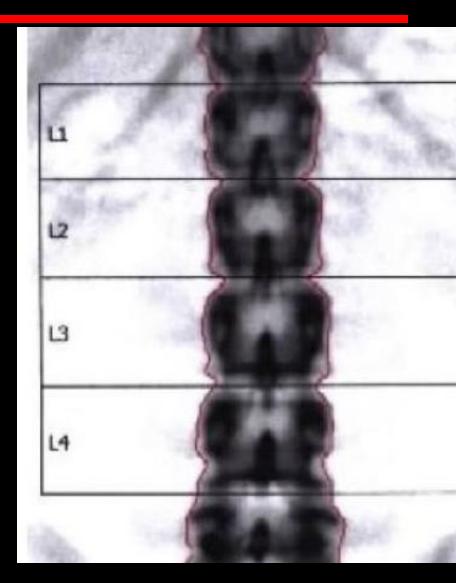


## **Correct Spine Analysis**

 Edges should include only bone in the region to be evaluated

 Intervertebral markers should be placed in the disc space

 Numbering should be correct; generally count from the bottom up



## Lumbar Spine: Positioning Pitfalls

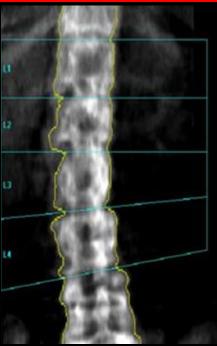
• Spine is off center

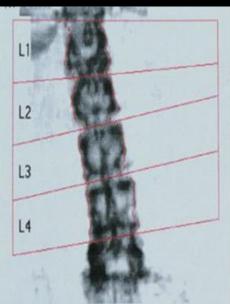
• Spine is tilted

• Only 1 iliac crest is visible

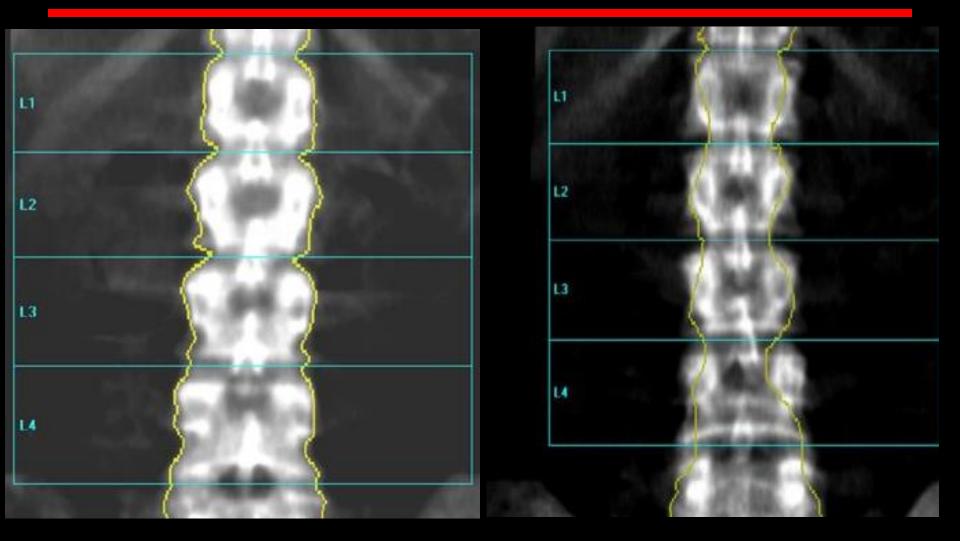
• Neither iliac crest is visible

• Does not include T12 or L5





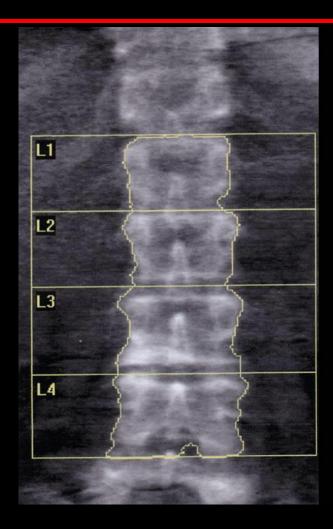
## **Identify Bone Edges Correctly**

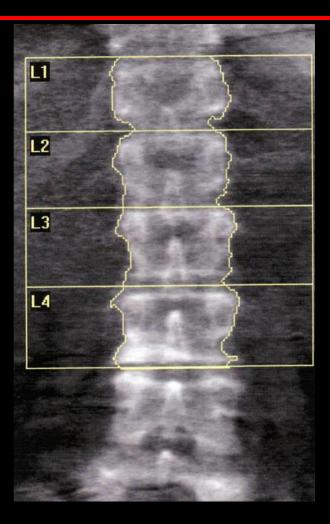


#### Correct

Incorrect

### **Check Vertebral Numbering**





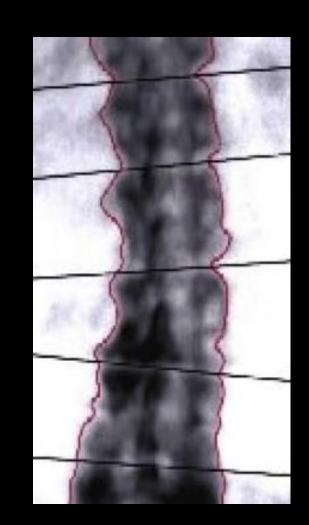
#### Correct

#### Incorrect

### **Internal Artifacts Affect BMD**

Exclude vertebrae from analysis if there is a >1.0

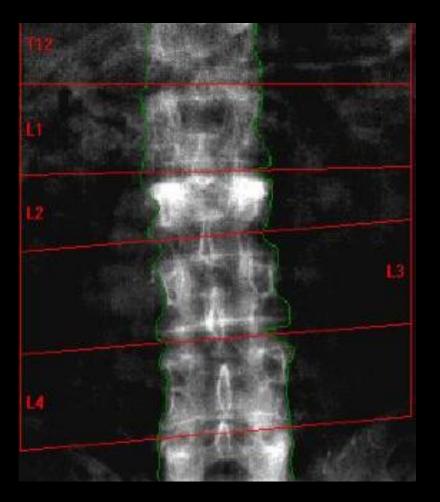
T-score difference between adjacent vertebral bodies



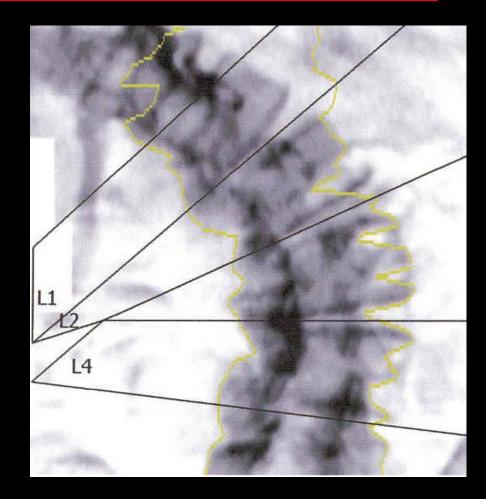
L1 -3.0 L2 - 2.3L3 2.4 L4 2.0 L1-4 -0.5

Adjusted L1-2 T-score -2.5

## What Are These Spine Artifacts?

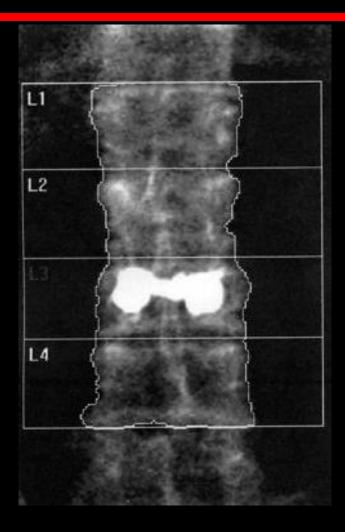


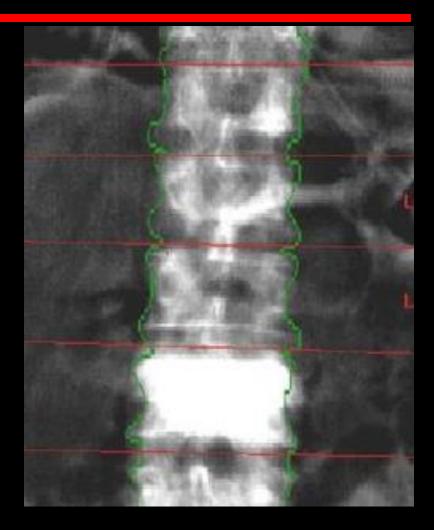
**Vertebral fracture** 



### Severe Scoliosis: Uninterpretable

## What Are These Spine Artifacts?

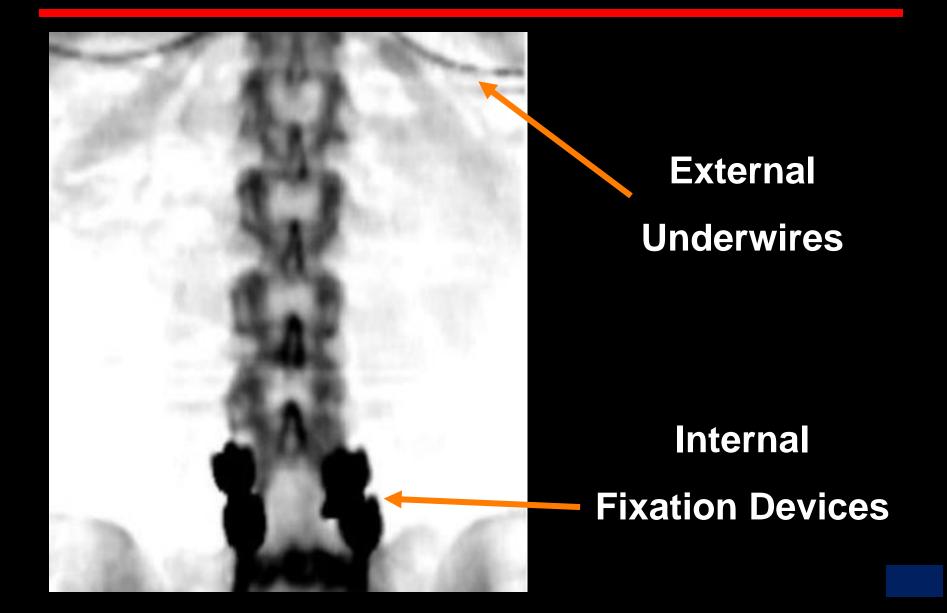


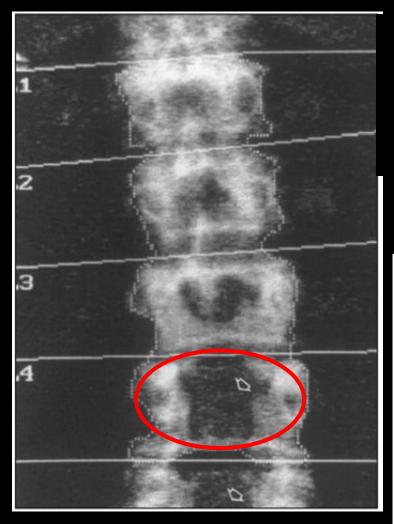


Vertebral augmentation

### Osteoblastic metastasis

### **Artifacts - Internal and External**



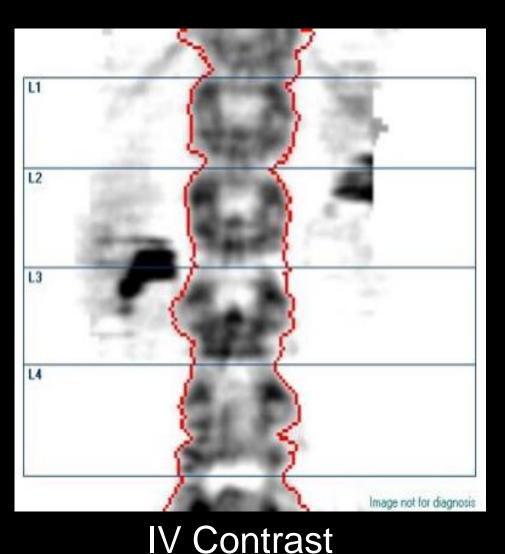


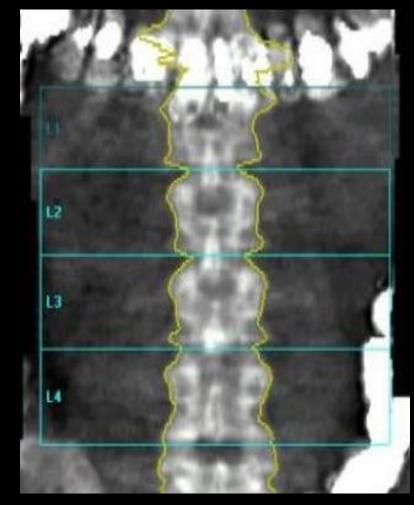
## Lumbar laminectomy

Region	BMD	T(30.0)		z	
L1	1.045	+1.09	113%	+2.60	138%
L2	1.035	+0.07	101%	+1.74	123%
L3	0.937	-1.34	86%	+0.43	105%
L4	0.878	<b>♦-2.16</b>	<b>79</b> %	-0.34	96%
L2-L4	0.945	-1.21	88%	+0.54	107%

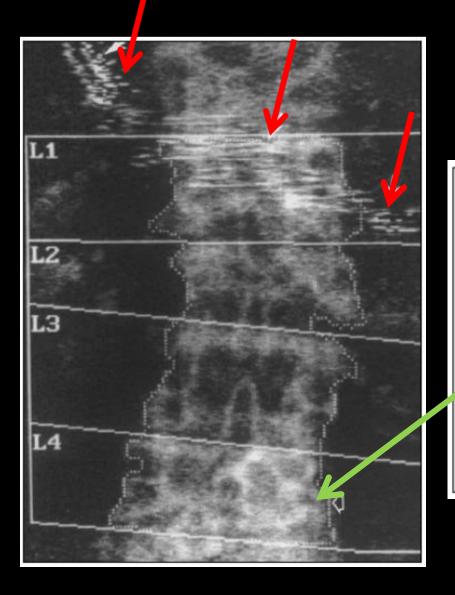
Jacobson, et al. AJR; June 2000;174: 1699-000

## What Are These Spine Artifacts?





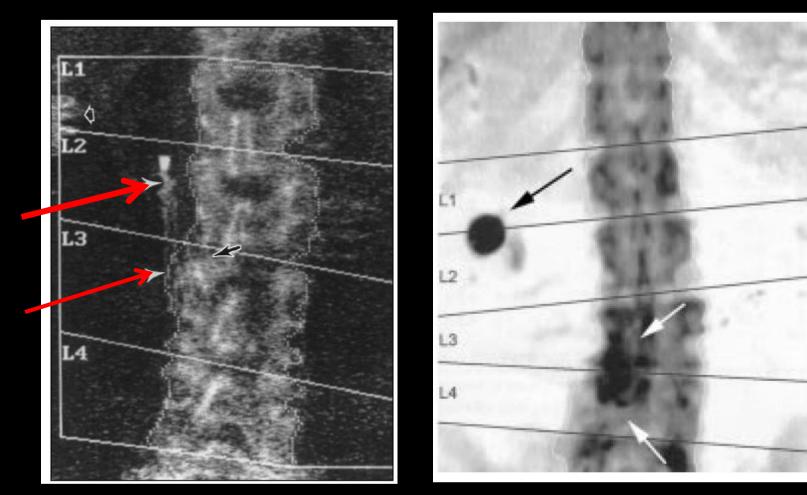
Barium



### **Pacemaker wires**

Region	BMD	T(30.0)		
L1	0.927	<b>+0.0</b> 2	100%	
L2	0.701	-2.97	68%	
L3	0.721	-3.30	67%	
L4	1.037	<b>≬-0.72</b>	93%	
L2-L4	0.829	-2.27	77%	

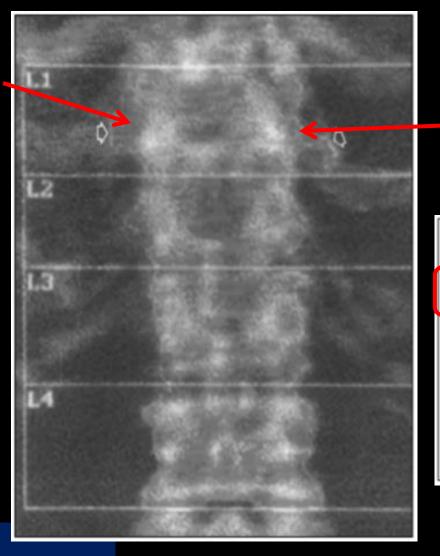
## What Are These Spine Artifacts?



#### **IVC Filter**

# Scoliosis and kidney stone

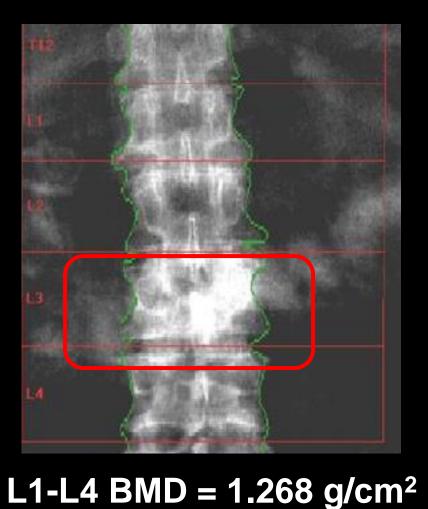
### **Calcified costochondral cartilage**

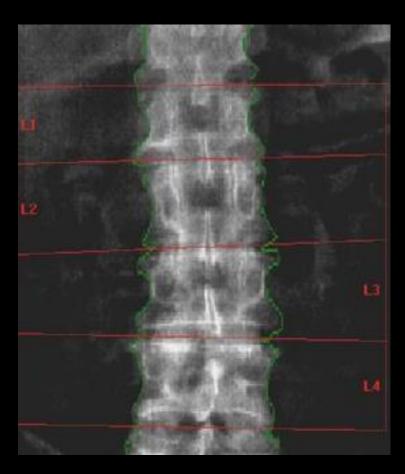


Region	BMD	T(30	.0)	Z	
L1	0.735	+-1.73	79%	+0.20	103%
L2	0.642	-3.51	62%	-1.36	81%
L3	0.582	-4.56	54%	-2.30	78%
L4	0.747	-3.35	67%	-1.03	87%
L2-L4	0.663	-3.78	61%	-1.54	80%

Jacobson, et al. AJR; June 2000;174: 1699-17

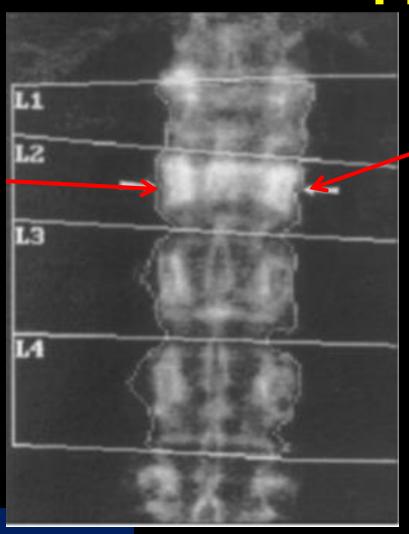
## **RETAINED CONTRAST**





2 weeks Later L1-L4 BMD = 0.929 g/cm<sup>2</sup>

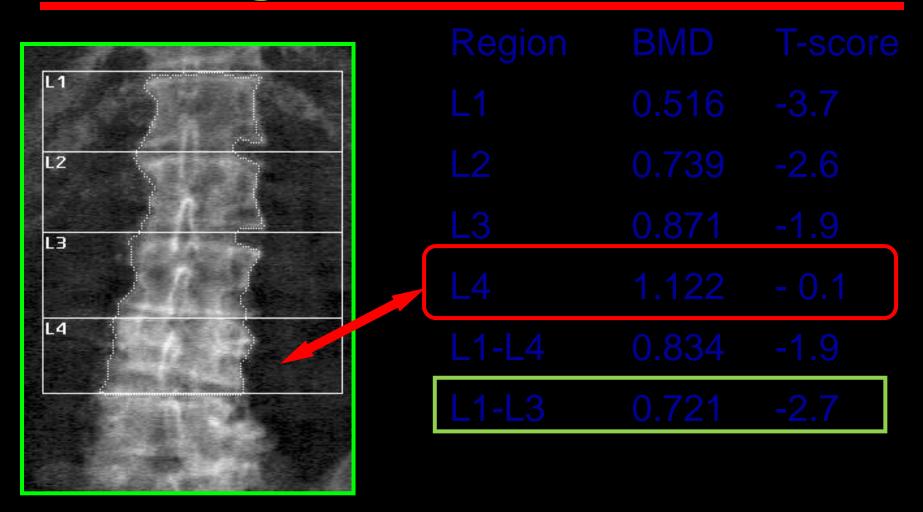
## Vertebral Compression Fracture



Region	BMD	T(3	8.8)	Z	
L1	0.821	-0.95	89%	+0.85	113%
L2	1.099	+8.65	187%	+2.65	136%
L3	0.864	-2.00	8 <b>8</b> %	+0.11	101%
L4	0.843	-2.48	76%	-0.31	96%
L2-L4	8.917	-1.47	85%	+8.63	108%

Jacobson, et al. AJR; June 2000;174: 1699-17

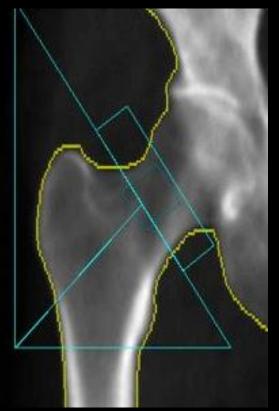
## **Degenerative Disease**



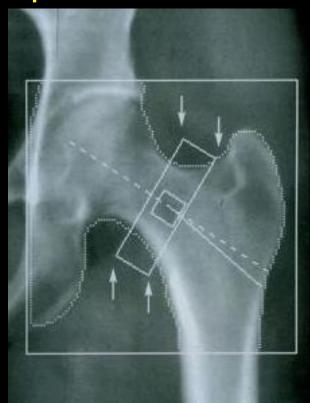
### **Diagnosis = Osteoporosis**

## Femoral Neck ROI Placement

#### Manufacturer Specific



GE-Lunar ROI placed at narrowest portion of

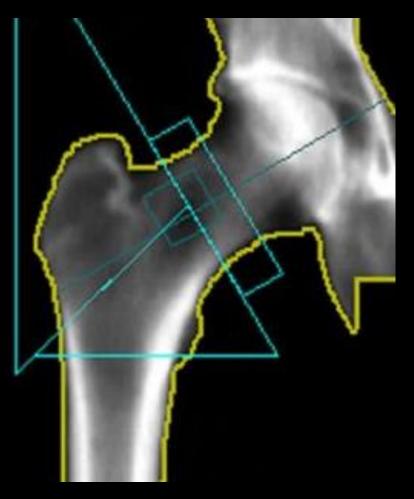


### <u>Hologic</u>

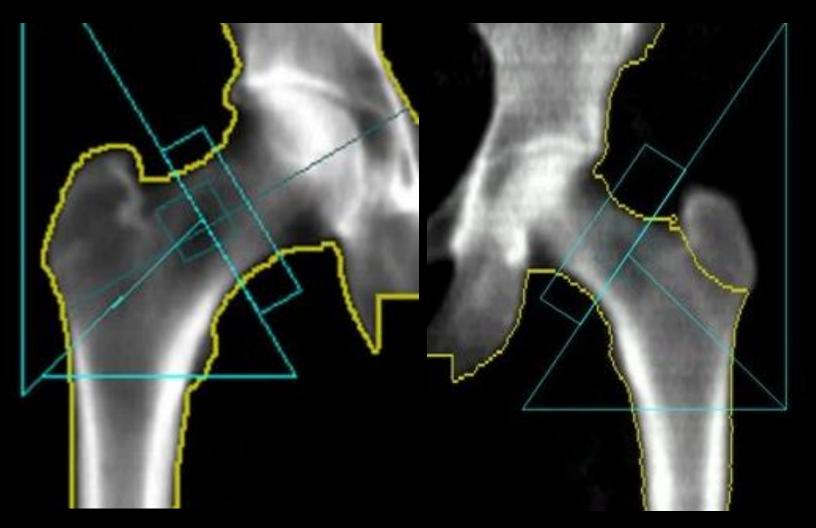
ROI anchored on bone map of greater

## Proximal Femur Scan Analysis

- Check for proper positioning
- Check if hip
  - Hardware, fusion, osteoarthritis, fractures
- Visually verify bone edges
- Exclude artifacts



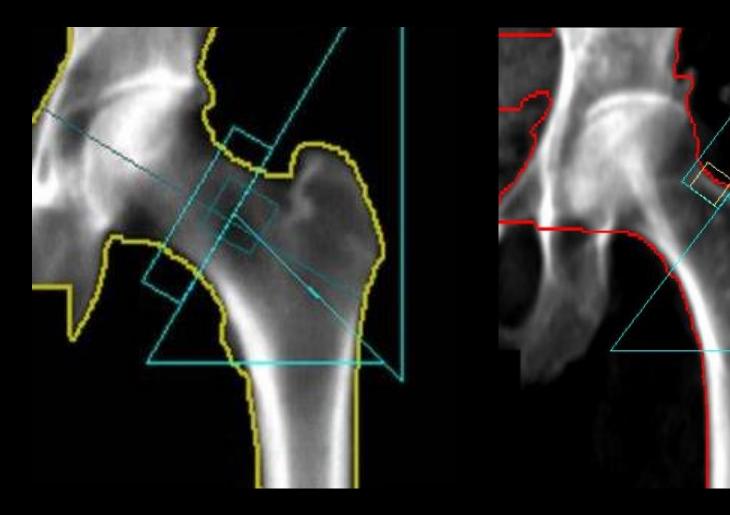
## **Identify Bone Edges Correctly**





Incorrect

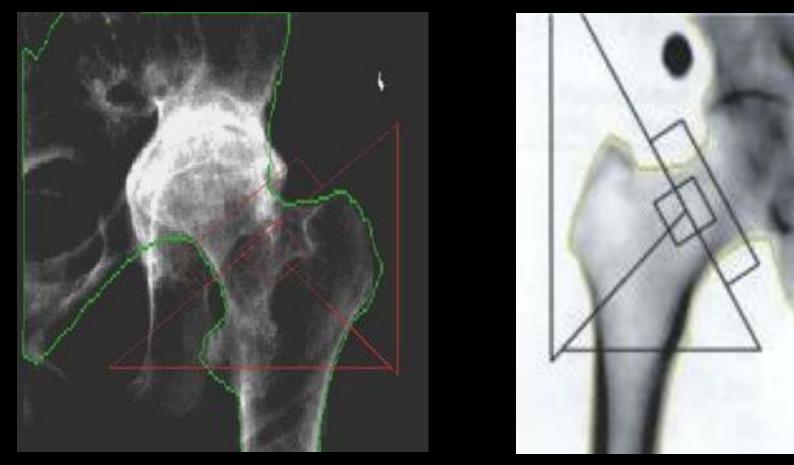
## **Check Region of Interest Placement**



#### Correct

#### Incorrect

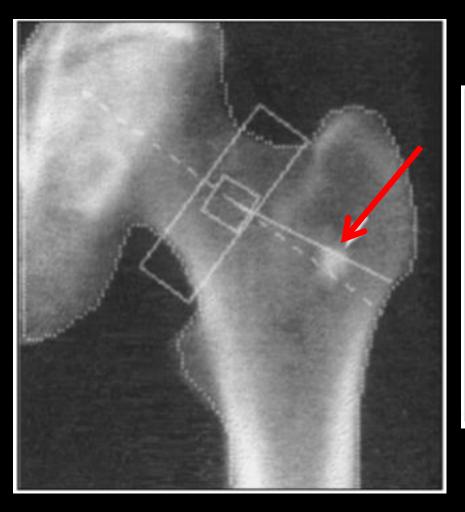
### **Hip Artifact - Internal and External**



Severe osteoarthritis

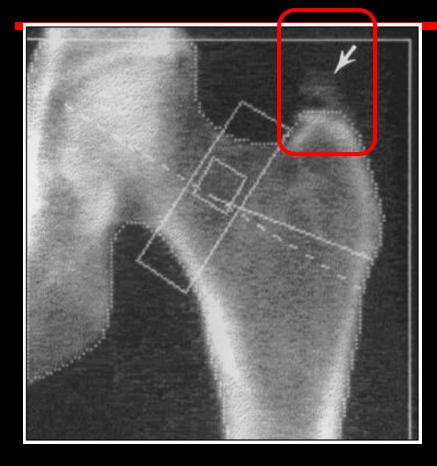
**Pocket coin** 

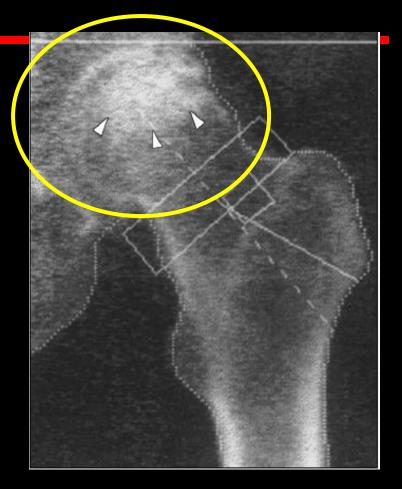
## **BONE ISLAND**



Region	BMD	T
Neck	0.580	-2.43 68%
Troch	0.526	-1.76 75%
Inter	0.921	♦-1.15 84% (35.0)
TOTAL	0.761	-1.48 81% (25.0)
Ward's	0.481	-2.16 66% (25.0)

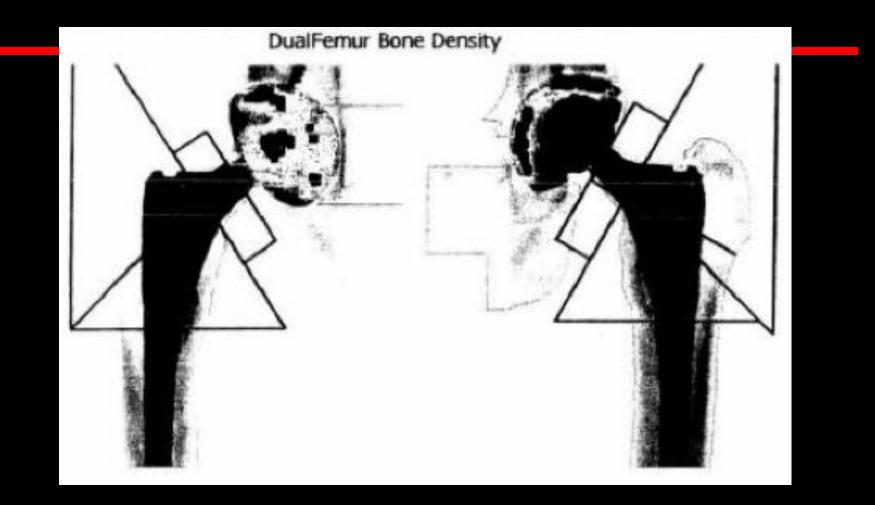
Jacobson, et al. AJR; June 2000;174: 1699-1706.





### Calcific Tendon Avascular Necrosis

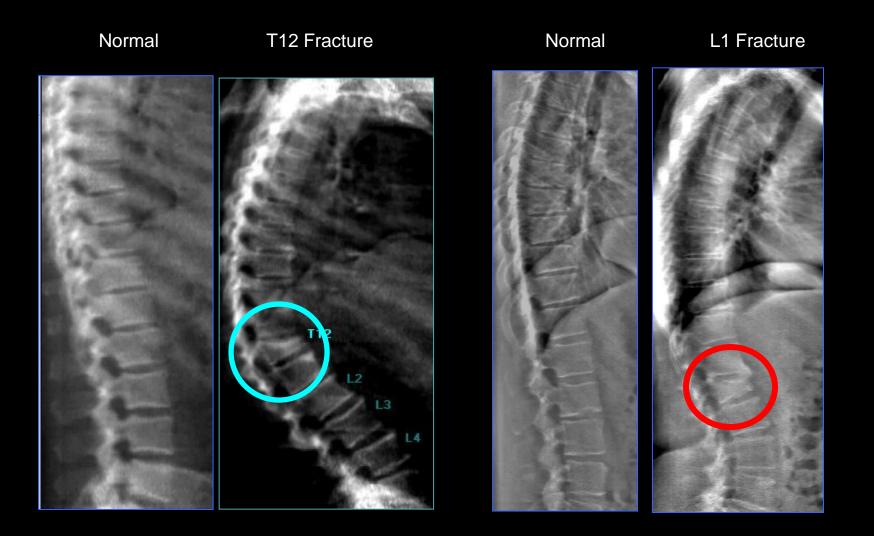
Jacobson, et al. AJR; June 2000;174: 1699-1706.



**Right Femoral Neck:** 

**Left Femoral Neck:**  $6 \text{ g/cm}^2: T = +19.8 \qquad 3.253 \text{ g/cm}^2: T = +15.9$  VFA

### **Visualizes Thoracic and Lumbar Spine**

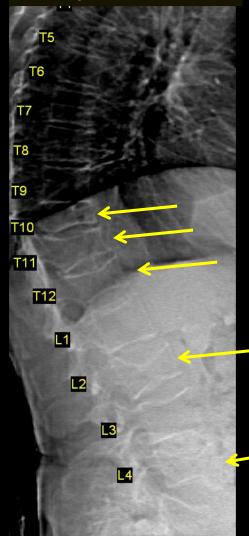


## Vertebral Fracture Assessment (VFA)

- Detects silent vertebral fractures
- Advantages over x-ray
  - Fast, low-cost
  - **Convenient available at point-of-care**
  - Low radiation
- Adds important information for fracture risk assessment



**Multiple Fractures** 



← T12 G2 Wedge

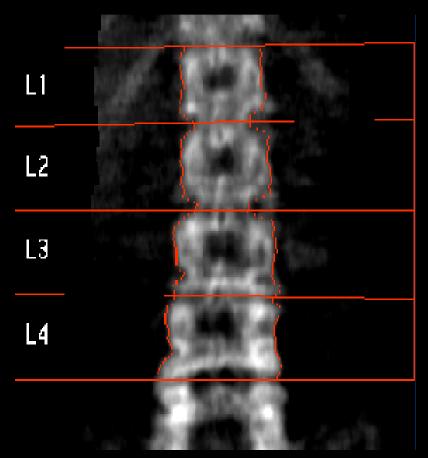
#### ← T7 Wedge

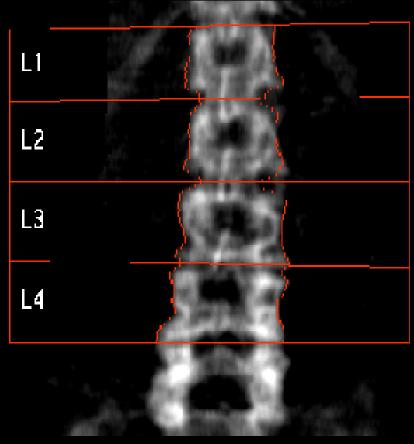
#### ← T9 Wedge

## Least Significant Change (LSC)

- Change in bone mineral density that is considered statistically significant
- Institution specific
- In reports, the asterix \* by BMD comparisons indicates a statistically significant change
- LSC reported below data chart

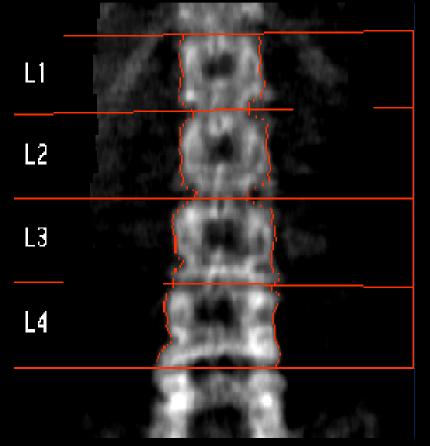
## What do you tell the patient?

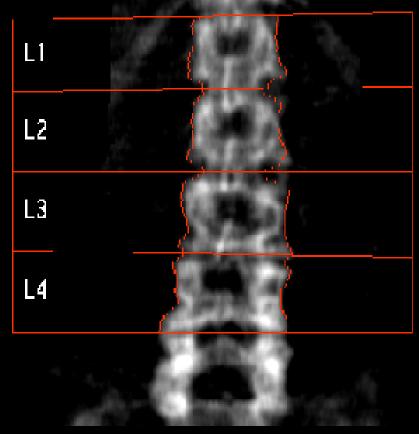




# BaselineFollow-upL1-L4 BMD = .705 g/cm²L1-L4 BMD = .684 g/cm²

### The L1-4 LSC at this facility is 0.040 g/cm<sup>2</sup> The BMD Has NOT Changed... Despite the T-score Being "Worse"





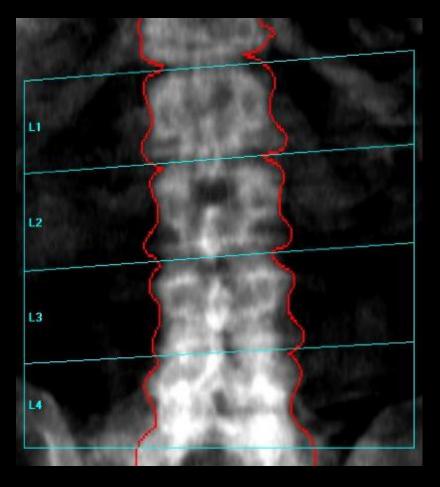
### Baseline Follow-up L1-L4 BMD = $.705 \text{ g/cm}^2$ L1-L4 BMD = $.684 \text{ g/cm}^2$



# PATIENT CASES (FOR YOU TO TRY)

Dr. Tudor H. Hughes M.D., FRCR Department of Radiology University of California School of Medicine San Diego, California

### 56 yo M with COPD/frequent prednisone use L1-L4 T-score = -0.6; Normal BMD. Is this Correct?



ANCILLARY RESULTS [AP Spine]					
Region	BMD <sup>1</sup> (g/cm <sup>2</sup> )	2 Young-Adult (%) T-Score			
L1	0.846	73	-2.6		
L2	0.807	65	-3.6		
L3	1.159	93	-0.7		
L4	1.682	136	3.7		
L1-L2	0.826	69	-3.1		
L1-L3	0.942	78	-2.2		
L1-L4	1.144	94	-0.6		
L2-L3	0.987	80	-2.1		
L2-L4	1.233	99	-0.1		
L3-L4	1.430	115	1.6		

### When L3 and L4 eliminated,

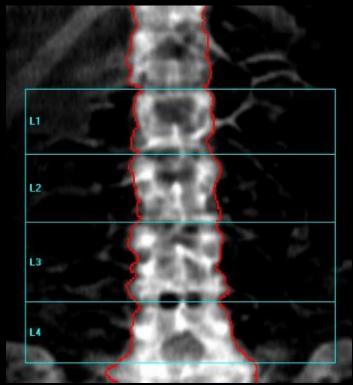
**Diagnosis is osteoporosis** 

Patient EF: 65 year old female diagnosed with osteopenia and treated with an oral bisphosphonate for ~ 1 year. **Referred to you due to bone loss** and a change in diagnosis from osteopenia to osteoporosis.

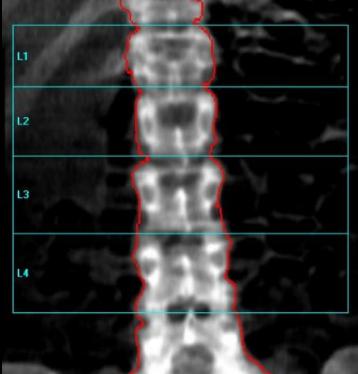
What do you tell her?

# Osteopenia → Osteoporosis

### **Baseline**



### Follow-up



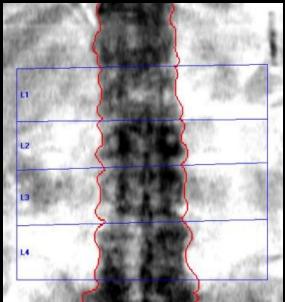
L1-L4 BMD 0.896 g/cm<sup>2</sup> T-score = -2.4 L0ss = .043 g/cm<sup>2</sup>, 4.8% L1-L4 BMD 0.853 g/cm<sup>2</sup>

# 75 year old male with improved BMD on bisphosphonate x 1 year.

What do you tell him?

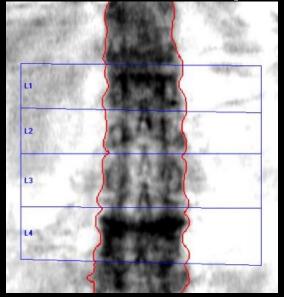
### 75 M: Improved BMD on bisphosphonate

#### Baseline



Region	BMD (g/cm²)	T-Score		
L1	0.724	-3.6		
L2	0.944	-2.5		
L3	0.776	-3.9		
1.4	0.762	10		
L1-L4	0.796	-3.5		

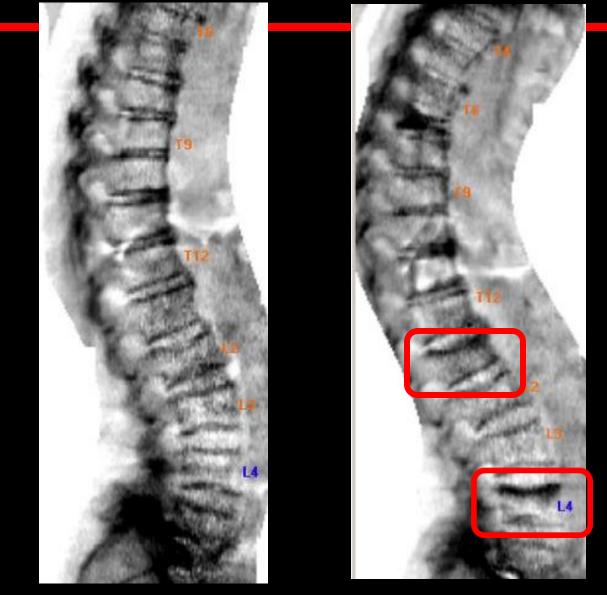
#### 1-Year Follow-up



Region	BMD (g/cm²)	YA T-Score
L1	0.994	-1.4
L2	0.784	-3.8
L3	0.736	-4.2
14	1 118	-1.0
L1-L4	0.917	-2.5

L1 to L4 increased  $0.111g/cm^2$ , LSC =  $0.04 gm/cm^2$ 

### **Baseline VFA 1-Year Follow-up VFA**



# New fractures At L1 and L4

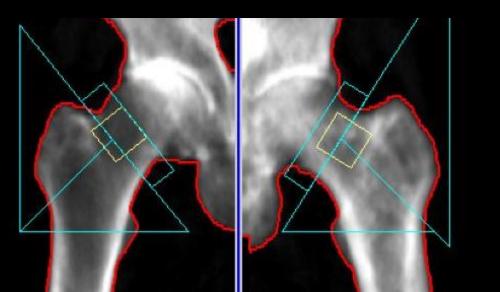
### 65yr M: Prior DEXA 2 yrs ago, on bisphosph therapy. Has there been a change in BMD over time?

### **Baseline** Follow-up 11 12 12 13 13 14 14

### L1-L4 BMD 0.834 g/cm<sup>2</sup> L1-L4 BMD 0.700 g/cm<sup>2</sup>

T-score = -3.0 T-score = -3.2 BMD loss = 16% but T-score unchanged – why??

# 86 yo M with hip pain



BMD Region (g/cm²)	Young-Adult		Age-Matched		BMC	Area	
	(%)	T-Score	(%)	Z-Score	(g) (a	(cm²)	
Neck Left	1.275	119	1.6	152	3.4	8.21	6.44
Neck Right	0.728	68	-2.6	87	-0.8	4.58	6.29
Neck Mean Total Left	1.001 1.449	94 132	-0.5 2.4	120 164	1.3 3.9	6.40 59.18	6.37 40.84
Total Right	0.808	73	-2.0	92	-0.5	28.52	35.28
Total Mean	1.129	103	0.2	128	1.7	43.85	38.06

# Thank you ....

- International Society of Clinical Densitometery
  - Susan Broy, MD
  - Neil Binkley, MD
  - Michael Lewiecki, MD
  - Marjorie Luckey, MD
- Leonard Defots, MD
- Nai-Wen Chi, MD
- Tudor Hughes, MD

# HIP ISCUD THE INTERNATIONAL SOCIETY FOR CLINICAL DENSITOMETRY



### Dr. Tudor H. Hughes M.D., FRCR Department of Radiology Versit of California Complete Provincia 2007 San Diego, California

© Copyright ISCD, October 2007 Supersedes all prior "Official Positions" publications. The International Society for Clinical Densitometry (ISCD) Convened Two Position Development Conferences (PDC) in 2007

- Previous positions in this presentation are in white
- New positions in yellow and bold

2007 Position Development Conferences

> Pediatric PDC June 20-21, 2007 Montreal, Quebec, Canada

Adult PDC July 20-22, 2007 Lansdowne, Virginia, USA 2007 Pediatric PDC Steering Committee

Sanford Baim, MD, CCD, Co-Chair
Mary B. Leonard, MD, MSCE, Co-Chair
Didier B. Hans, PhD, PD, CCD
Maria-Luisa Bianchi, MD
Heidi Kalkwarf, PhD
Frank Rauch, MD

# 2007 Adult PDC Steering Committee

Sanford Baim, MD, CCD, Chair
Neil Binkley, MD, CCD
Didier B. Hans, PhD, PD, CCD
David L. Kendler, MD, CCD
E. Michael Lewiecki, MD, CCD

# 2007 PDC Expert Panels

# The Pediatric PDC Expert Panel included representatives of:

- American Society for Bone and Mineral Research (ASBMR)
- International Bone and Mineral Society (IBMS)

The Adult PDC Expert Panel included representatives of:

- American Society for Bone and Mineral Research (ASBMR)
- International Bone and Mineral Society (IBMS)
- National Osteoporosis Foundation (NOF)

The recommendations of the PDC Expert Panels are reviewed by the ISCD Board of Directors. Recommendations that are approved become Official Positions of the ISCD.

# Pediatric PDC Expert Panel

Sanford Baim, MD, CCD (USA) – Moderator Craig B. Langman, MD (USA) – Moderator

- Shona L. Bass, PhD (Australia)
- Thomas O. Carpenter, MD (USA)
- Emma Clark, MD (UK)
- Barbara A. Cromer, MD (USA)
- Tim Cundy, MD (New Zealand)
- Francis H. Glorieux, MD, PhD (Canada)
- Ghada El-Hajj Fuleihan, MD, MPH (Lebanon)
- Sue C. Kaste, DO (USA)
- Gordon L. Klein, MD, MPH (USA)
- Roman S. Lorenc, MD, PhD (Poland)
- M. Zulf Mughal, MBChB (UK)
- Aenor J. Sawyer, MD (USA)
- Francisco A. Sylvester, MD (USA)
- Hiroyuki Tanaka, MD, PhD (Japan)

# **Adult PDC Expert Panel**

John P. Bilezikian, MD, CCD (USA) - Moderator Stuart L. Silverman, MD (USA) – Moderator

- Harry K. Genant, MD, PhD (USA)
- Claus C. Glueer, PhD (Germany)
- Akira Itabashi, MD, PhD (Japan)
- Lawrence G. Jankowski, CDT (USA)
- Michael Kleerekoper, MD (USA)
- William D. Leslie, MD (Canada)
- Marjorie Luckey, MD (USA)
- Paul D. Miller, MD (USA)
- Sergio Ortolani, MD (Italy)
- Steven Petak, MD, JD (USA)
- Lawrence G. Raisz, MD, (USA)
- Diane L. Schneider, MD (USA)

# **Topic Areas For Adult PDC**

- Technical and clinical issues relevant to dual-energy X-ray absorptiometry (DXA)
- Vertebral fracture assessment
- Bone densitometry technologies other than central DXA
  - Quantitative computed tomography
  - Quantitative ultrasound
  - Peripheral dual-energy X-ray absorptiometry

# **Topic Areas For Pediatric PDC**

- DXA prediction of fracture and definition of osteoporosis
- DXA assessment in diseases that may affect the skeleton
- DXA interpretation and reporting
- Peripheral quantitative computed tomography measurement

# Indications For Bone Mineral Density (BMD) Testing (1)

• Women aged 65 and older

- Postmenopausal women under age 65 with risk factors for fracture.
- Women during the menopausal transition with clinical risk factors for fracture, such as low body weight, prior fracture, or high-risk medication use.
- Men aged 70 and older.
- Men under age 70 with clinical risk factors for fracture.
- Adults with a fragility fracture.

# Indications For Bone Mineral Density (BMD) Testing (2)

- Adults with a disease or condition associated with low bone mass or bone loss.
- Adults taking medications associated with low bone mass or bone loss.
- Anyone being considered for pharmacologic therapy.
- Anyone being treated, to monitor treatment effect.
- Anyone not receiving therapy in whom evidence of bone loss would lead to treatment.

Women discontinuing estrogen should be considered for bone density testing according to the indications listed above.

# **Reference Database for T-Scores**

- Use a uniform Caucasian (non-race adjusted) female normative database for women of all ethnic groups.\*
- Use a uniform Caucasian (non-race adjusted) male normative database for men of all ethnic groups.\*
- The NHANES III database should be used for T-score derivation at the hip regions.

\*Note: Application of recommendation may vary according to local requirements.

# Central DXA for Diagnosis (1)

- The WHO international reference standard for osteoporosis diagnosis is a T-score of -2.5 or less at the femoral neck.
  - The reference standard from which the T-score is calculated is the female, white, age 20-29 years, NHANES III database

# Central DXA for Diagnosis (2)

- Osteoporosis may be diagnosed in postmenopausal women and in men age 50 and older if the T-score of the lumbar spine, total hip, or femoral neck is -2.5 or less:\*
  - In certain circumstances the 33% radius (also called 1/3 radius) may be utilized

\*Note: Other hip regions of interest, including Ward's area and the greater trochanter, should not be used for diagnosis. Application of recommendation may vary according to local requirements.

# Central DXA for Diagnosis (3)

- Skeletal sites to measure
  - Measure BMD at both the PA spine and hip in all patients
  - Forearm BMD should be measured under the following circumstances:
    - Hip and/or spine cannot be measured or interpreted.
    - Hyperparathyroidism
    - Very obese patients (over the weight limit for DXA table)

# Central DXA for Diagnosis (4)

- Spine Region of Interest (ROI)
  - Use PA L1-L4 for spine BMD measurement
  - Use all evaluable vertebrae and only exclude vertebrae that are affected by local structural change or artifact. Use three vertebrae if four cannot be used and two if three cannot be used
  - BMD based diagnostic classification should not be made using a single vertebra.
  - If only one evaluable vertebra remains after excluding other vertebrae, diagnosis should be based on a different valid skeletal site

# Central DXA for Diagnosis (5)

- Anatomically abnormal vertebrae may be excluded from analysis if:
  - They are clearly abnormal and non-assessable within the resolution of the system; or
  - There is more than a 1.0 T-score difference between the vertebra in question and adjacent vertebrae
- When vertebrae are excluded, the BMD of the remaining vertebrae is used to derive the T-score
- The lateral spine should not be used for diagnosis, but may have a role in monitoring

# Central DXA for Diagnosis (6)

- Hip ROI
  - Use femoral neck, or total proximal femur whichever is lowest.
  - BMD may be measured at either hip
  - There are insufficient data to determine whether mean T-scores for bilateral hip BMD can be used for diagnosis
  - The mean hip BMD can be used for monitoring, with total hip being preferred
- Forearm ROI
  - Use 33% radius (sometimes called one-third radius) of the non-dominant forearm for diagnosis. Other forearm ROI are not recommended

### Fracture Risk Assessment

- A distinction is made between diagnostic classification and the use of BMD for fracture risk assessment.
- For fracture risk assessment, any well-validated technique can be used, including measurements of more than one site where this has been shown to improve the assessment of risk.

# Use of the Term "Osteopenia"

- The term "osteopenia" is retained, but "low bone mass" or "low bone density" is preferred.
- People with low bone mass or density are not necessarily at high fracture risk.

BMD Reporting in Postmenopausal Women and in Men Age 50 and Older

- T-scores are preferred.
- The WHO densitometric classification is applicable.

BMD Reporting in Females Prior to Menopause and in Males Younger Than Age 50

- Z-scores, not T-scores, are preferred. This is particularly important in children.
- A Z-score of -2.0 or lower is defined as "below the expected range for age", and a Z-score above -2.0 is "within the expected range for age."
- Osteoporosis cannot be diagnosed in men under age 50 on the basis of BMD alone.
- The WHO diagnostic criteria may be applied to women in the menopausal transition.

### **Z-Score Reference Database**

 Z-scores should be population specific where adequate reference data exist. For the purpose of Z-score calculation, the patient's self-reported ethnicity should be used.

# Serial BMD Measurements (1)

- Serial BMD testing can be used to determine whether treatment should be started on untreated patients, because significant loss may be an indication for treatment.
- Serial BMD testing can monitor response to therapy by finding an increase or stability of bone density.
- Serial BMD testing can evaluate individuals for nonresponse by finding loss of bone density, suggesting the need for reevaluation of treatment and evaluation for secondary causes of osteoporosis.

# Serial BMD Measurements (2)

- Follow-up BMD testing should be done when the expected change in BMD equals or exceeds the least significant change (LSC).
- Intervals between BMD testing should be determined according to each patient's clinical status: typically one year after initiation or change of therapy is appropriate, with longer intervals once therapeutic effect is established.
- In conditions associated with rapid bone loss, such as glucocorticoid therapy, testing more frequently is appropriate.

### Phantom Scanning and Calibration (1)

The Quality Control (QC) program at a DXA facility should include adherence to manufacturer guidelines for system maintenance. In addition, if not recommended in the manufacturer protocol, the following QC procedures are advised:

- Perform periodic (at least once per week) phantom scans for any DXA system as an independent assessment of system calibration.
- Plot and review data from calibration and phantom scans.

# Phantom Scanning and Calibration (2)

- Verify the phantom mean BMD after any service performed on the densitometer.
- Establish and enforce corrective action thresholds that trigger a call for service.
- Maintain service logs.
- Comply with government inspections, radiation surveys and regulatory requirements.

#### Precision Assessment (1)

- Each DXA facility should determine its precision error and calculate the LSC.
- The precision error supplied by the manufacturer should not be used.
- If a DXA facility has more than one technologist, an average precision error combining data from all technologists should be used to establish precision error and LSC for the facility, provided the precision error for each technologist is within a pre-established range of acceptable performance.
- Every technologist should perform an in vivo precision assessment using patients representative of the clinic's patient population.

#### Precision Assessment (2)

- Each technologist should do one complete precision assessment after basic scanning skills have been learned (e.g., manufacturer training) and after having performed approximately 100 patient-scans.
- A repeat precision assessment should be done if a new DXA system is installed.
- A repeat precision assessment should be done if a technologist's skill level has changed.

#### Precision Assessment (3)

- To perform a precision analysis:
  - Measure 15 patients 3 times, or 30 patients 2 times, repositioning the patient after each scan
  - Calculate the root mean square standard deviation (RMS-SD) for the group
  - Calculate LSC for the group at 95% confidence interval

#### Precision Assessment (4)

- The minimum acceptable precision for an individual technologist is:
  - Lumbar Spine: 1.9% (LSC=5.3%)
  - Total Hip: 1.8% (LSC=5.0%)
  - Femoral Neck: 2.5% (LSC=6.9%)
  - Retraining is required if a technologist's precision is worse than these values

#### Precision Assessment (5)

 Precision assessment should be standard clinical practice. Precision assessment is not research and may potentially benefit patients. It should not require approval of an institutional review board. Adherence to local radiologic safety regulations is necessary. Performance of a precision assessment requires the consent of participating patients.

### Cross-Calibration of DXA Systems (1)

- When changing hardware, but not the entire system, or when replacing a system with the same technology (manufacturer and model), cross-calibration should be performed by having one technologist do 10 phantom scans, with repositioning, before and after hardware change.
  - If a greater than 1% difference in mean BMD is observed, contact the manufacturer for service/correction

## Cross-Calibration of DXA Systems (2)

- When changing an entire system to one made by the same manufacturer using a different technology, or when changing to a system made by a different manufacturer, one approach to cross-calibration is:
  - Scan 30 patients representative of the facility's patient population once on the initial system and then twice on the new system within 60 days
  - Measure those anatomic sites commonly measured in clinical practice, typically spine and proximal femur

#### Cross-Calibration of DXA Systems (3)

- Facilities must comply with locally applicable regulations regarding DXA
- Calculate the average BMD relationship and LSC between the initial and new machine using the ISCD DXA Machine Cross-Calibration Tool (www.ISCD.org)
- Use this LSC for comparison between the previous and new system. Inter-system quantitative comparisons can only be made if cross-calibration is performed on each skeletal site commonly measured
- Once a new precision assessment has been performed on the new system, all future scans should be compared to scans performed on the new system using the newly established intra-system LSC

# Cross-Calibration of DXA Systems (4)

 If a cross-calibration assessment is not performed, no quantitative comparison to the prior machine can be made. Consequently, a new baseline BMD and intrasystem LSC should be established.

### **BMD Comparison Between Facilities**

 It is not possible to quantitatively compare BMD or to calculate a LSC between facilities without crosscalibration.

#### Vertebral Fracture Assessment Nomenclature

 Vertebral Fracture Assessment (VFA) is the correct term to denote densitometric spine imaging performed for the purpose of detecting vertebral fractures.

#### Indications for VFA (1)

• Consider VFA when the results may influence clinical management.

- Postmenopausal women with low bone mass (osteopenia) by BMD criteria, PLUS any one of the following:
  - Age greater than or equal to 70 years
  - Historical height loss greater than 4 cm (1.6 in.)
  - Prospective height loss greater than 2 cm (0.8 in.)
  - Self-reported vertebral fracture (not previously documented)

#### Indications for VFA (2)

- Two or more of the following;
  - Age 60 to 69 years
  - Self-reported prior non-vertebral fracture
  - Historical height loss of 2 to 4 cm
  - Chronic systemic diseases associated with increased risk of vertebral fractures (for example, moderate to severe COPD or COAD, seropositive rheumatoid arthritis, Crohn's disease)

#### Indications for VFA (3)

- Men with low bone mass (osteopenia) by BMD criteria, PLUS any one of the following:
  - o Age 80 years or older
  - Historical height loss greater than 6 cm (2.4 in)
  - Prospective height loss greater than 3 cm (1.2 in)
  - Self-reported vertebral fracture (not previously documented)

#### Indications for VFA (4)

#### • Two or more of the following;

- Age 70 to 79 years
- Self-reported prior non-vertebral fracture
- Historical height loss of 3 to 6 cm
- On pharmacologic androgen deprivation therapy or following orchiectomy
- Chronic systemic diseases associated with increased risk of vertebral fractures (for example, moderate to severe COPD or COAD, seropositive rheumatoid arthritis, Crohn's disease)

#### Indications for VFA (5)

- Women or men on chronic glucocorticoid therapy (equivalent to 5 mg or more of prednisone daily for three (3) months or longer).
- Postmenopausal women or men with osteoporosis by BMD criteria, if documentation of one or more vertebral fractures will alter clinical management.

#### Methods for Defining and Reporting Fractures on VFA

- The methodology utilized for vertebral fracture identification should be similar to standard radiological approaches and be provided in the report.
- Fracture diagnosis should be based on visual evaluation and include assessment of grade/severity. Morphometry alone is not recommended because it is unreliable for diagnosis.
- The Genant visual semi-quantitative method is the current clinical technique of choice for diagnosing vertebral fracture with VFA.
- Severity of deformity may be confirmed by morphometric measurement if desired.

Indications for Following VFA With Another Imaging Modality (1)

- The decision to perform additional imaging must be based on each patient's overall clinical picture, including the VFA result.
- Indications for follow-up imaging studies include:
  - Two or more mild (grade 1) deformities without any moderate or severe (grade 2 or 3) deformities

Indications for Following VFA With Another Imaging Modality (2)

- Lesions in vertebrae that cannot be attributed to benign causes
- Vertebral deformities in a patient with a known history of a relevant malignancy
- Equivocal fractures
- Unidentifiable vertebrae between T7-L4
- Sclerotic or lytic changes, or findings suggestive of conditions other than osteoporosis

Note: VFA is designed to detect vertebral fractures and not other abnormalities.

#### Baseline DXA Report: Minimum Requirements (1)

- Demographics (name, medical record identifying number, date of birth, sex).
- Requesting provider.
- Indications for the test.
- Manufacturer and model of instrument used
- Technical quality and limitations of the study, stating why a specific site or ROI is invalid or not included.
- BMD in g/cm2 for each site.
- The skeletal sites, ROI, and, if appropriate, the side, that were scanned.
- The T-score and/or Z-score where appropriate.

#### Baseline DXA Report: Minimum Requirements (2)

- WHO criteria for diagnosis in postmenopausal females and in men age 50 and over.
- Risk factors including information regarding previous non traumatic fractures.
- A statement about fracture risk. Any use of relative fracture risk must specify the population of comparison (e.g., young- adult or age-matched). The ISCD favors the use of absolute fracture risk prediction when such methodologies are established.
- A general statement that a medical evaluation for secondary causes of low BMD may be appropriate.
- Recommendations for the necessity and timing of the next BMD study.

#### Follow-Up DXA Report

- Statement regarding which previous or baseline study and ROI is being used for comparison.
- Statement about the LSC at your facility and the statistical significance of the comparison.
- Report significant change, if any, between the current and previous study or studies in g/cm2 and percentage.
- Comments on any outside study including manufacturer and model on which previous studies were performed and the appropriateness of the comparison.
- Recommendations for the necessity and timing of the next BMD study.

#### **DXA Report: Optional Items**

- Recommendation for further non-BMD testing, such as X-ray, magnetic resonance imaging, computed tomography, etc.
- Recommendations for pharmacological and non pharmacological interventions.
- Addition of the percentage compared to a reference population.
- Specific recommendations for evaluation of secondary osteoporosis.

#### DXA Report: Items That Should Not be Included

- A statement that there is bone loss without knowledge of previous bone density.
- Mention of "mild," "moderate," or "marked" osteopenia or osteoporosis.
- Separate diagnoses for different ROI (e.g., osteopenia at the hip and osteoporosis at the spine).
- Expressions such as "She has the bones of an 80-yearold," if the patient is not 80 years old.
- Results from skeletal sites that are not technically valid.
- The change in BMD if it is not a significant change based on the precision error and LSC.

#### Components of a VFA Report

- Patient identification, referring physician, indication(s) for study, technical quality and interpretation.
- A follow-up VFA report should also include comparability of studies and clinical significance of changes, if any.
- VFA reports should comment on the following
  - o Unevaluable vertebrae

- Deformed vertebrae, and whether or not the deformities are consistent with vertebral fracture
- Unexplained vertebral and extra-vertebral pathology
- Optional components include fracture risk and recommendations for additional studies

General Recommendations for Non Central DXA Devices: QCT, pQCT, QUS, and pDXA (1)

The following general recommendations for QCT, pQCT, QUS, and pDXA are analogous to those defined for central DXA technologies. Examples of technical differences amongst devices, fracture prediction ability for current manufacturers and equivalence study requirements are provided in the full text documents printed in the *Journal of Clinical Densitometry*.

General Recommendations for Non Central DXA Devices: QCT, pQCT, QUS, and pDXA (2)

- Bone density measurements from different devices cannot be directly compared.
- Different devices should be independently validated for fracture risk prediction by prospective trials, or by demonstration of equivalence to a clinically validated device.

General Recommendations for Non Central DXA Devices: QCT, pQCT, QUS, and pDXA (3)

T-scores from measurements other than DXA at the femur neck, total femur, lumbar spine, or one-third (33%) radius cannot be used according to the WHO diagnostic classification because those T-scores are not equivalent to T-scores derived by DXA. General Recommendations for Non Central DXA Devices: QCT, pQCT, QUS, and pDXA (4)

- Device-specific education and training should be provided to the operators and interpreters prior to clinical use.
- Quality control procedures should be performed regularly.

Baseline Non Central DXA Devices (QCT, pQCT, QUS, pDXA) Report: Minimum Requirements (1)

- Date of test
- Demographics (name, date of birth or age, sex)
- Requesting provider
- Names of those receiving copy of report
- Indications for test
- Manufacturer, and model of instrument and software version

Baseline Non Central DXA Devices (QCT, pQCT, QUS, pDXA) Report: Minimum Requirements (2)

- Measurement value(s)
- Reference database
- Skeletal site/ROI
- Quality of test
- Limitations of the test including a statement that the WHO diagnostic classification cannot be applied to T-scores obtained from QCT, pQCT, QUS, and pDXA (other than one-third (33%) radius) measurements

Baseline Non Central DXA Devices (QCT, pQCT, QUS, pDXA) Report: Minimum Requirements (3)

- Clinical risk factors
- Fracture risk estimation
- A general statement that a medical evaluation for secondary causes of low BMD may be appropriate
- Recommendations for follow-up imaging

Note: A list of appropriate technical items is provided in the QCT and pQCT sections of the full text documents printed in the

Journal of Clinical Densitometry.

# Non Central DXA Devices (QCT, pQCT, QUS, pDXA) Report: Optional Items

- Report may include the following optional item:
  - Recommendations for pharmacological and non pharmacological interventions

#### QCT and pQCT (1)

#### Acquisition

• With single-slice QCT, L1-L3 should be scanned; with 3D QCT, L1-L2 should be scanned

#### Fracture Prediction

 Spinal trabecular BMD as measured by QCT has at least the same ability to predict vertebral fractures as AP spinal BMD measured by central DXA in postmenopausal women. There is lack of sufficient evidence to support this position for men

#### QCT and pQCT (2)

- There is lack of sufficient evidence to recommend spine QCT for hip fracture prediction in either women or men
- pQCT of the forearm at the ultra-distal radius predicts hip, but not spine, fragility fractures in postmenopausal women. There is lack of sufficient evidence to support this position for men

### QCT and pQCT (3)

#### Therapeutic Decisions

 Central DXA measurements at the spine and femur are the preferred method for making therapeutic decisions and should be used if possible. However, if central DXA cannot be done, pharmacologic treatment can be initiated if the fracture probability, as assessed by QCT of the spine or pQCT of the radius using device specific thresholds, and in conjunction with clinical risk factors, is sufficiently high

## QCT and pQCT (4)

#### Monitoring

- Trabecular BMD of the lumbar spine measured by QCT can be used to monitor age-, disease-, and treatment-related BMD changes
- Trabecular and total BMD of the ultra-distal radius measured by pQCT can be used to monitor age-related BMD changes

## QCT and pQCT (5)

#### Reporting

- For QCT using whole body CT scanners the following additional technical items should be reported:
  - Tomographic acquisition and reconstruction parameters
  - kV, mAs
  - Collimation during acquisition
  - Table increment per rotation
  - Table height
  - Reconstructed slice thickness, reconstruction increment
  - Reconstruction kernel

#### QCT and pQCT (6)

- For pQCT using dedicated pQCT scanners, the following additional technical items should be reported:
  - Tomographic acquisition and reconstruction parameters
  - Reconstructed slice thickness
  - Single / multi-slice acquisition mode
  - Length of scan range in multi-slice acquisition mode

## QUS (1)

#### **Acquisition**

• The only validated skeletal site for the clinical use of QUS in osteoporosis management is the heel

#### Fracture Prediction

 Validated heel QUS devices predict fragility fracture in postmenopausal women (hip, vertebral, and global fracture risk) and men over the age of 65 (hip and all non-vertebral fractures), independently of central DXA BMD

#### QUS (2)

- Discordant results between heel QUS and central DXA are not infrequent and are not necessarily an indication of methodological error
- Heel QUS in conjunction with clinical risk factors can be used to identify a population at very low fracture probability in which no further diagnostic evaluation may be necessary. (Examples of device-specific thresholds and case findings strategy are provided in the full text documents printed in the Journal of Clinical Densitometry.)

## QUS (3)

#### Therapeutic Decisions

**Central DXA measurements at the spine and** femur are preferred for making therapeutic decisions and should be used if possible. However, if central DXA cannot be done, pharmacologic treatment can be initiated if the fracture probability, as assessed by heel QUS, using device specific thresholds and in conjunction with clinical risk factors, is sufficiently high. (Examples of device-specific thresholds are provided in the full text documents printed in the Journal of Clinical Densitometry.)

### QUS (4)

Monitoring

 QUS cannot be used to monitor the skeletal effects of treatments for osteoporosis

#### pDXA (1)

#### Fracture Prediction

 Measurement by validated pDXA devices can be used to assess vertebral and global fragility fracture risk in postmenopausal women, however its vertebral fracture predictive ability is weaker than central DXA and heel QUS. There is lack of sufficient evidence to support this position for men

#### pDXA (2)

 Radius pDXA in conjunction with clinical risk factors can be used to identify a population at very low fracture probability in which no further diagnostic evaluation may be necessary. (Examples of device-specific thresholds and case findings strategy are provided in the full text documents printed in the Journal of Clinical Densitometry.)

#### pDXA (3)

#### Diagnosis

 The WHO diagnostic classification can only be applied to DXA at the femur neck, total femur, lumbar spine and the one-third (33%) radius ROI measured by DXA or pDXA devices utilizing a validated young-adult reference database

## pDXA (4)

#### Therapeutic Decisions

**Central DXA measurements at the spine and** femur are the preferred method for making therapeutic decisions and should be used if possible. However, if central DXA cannot be done, pharmacologic treatment can be initiated if the fracture probability, as assessed by radius pDXA (or DXA) using device specific thresholds and in conjunction with clinical risk factors, is sufficiently high. (Examples of device-specific thresholds are provided in the full text documents printed in the Journal of Clinical Densitometry.)



#### Monitoring

 pDXA devices are not clinically useful in monitoring the skeletal effects of presently available medical treatments for osteoporosis

#### Skeletal Health Assessment In Children and Adolescents (Males and Females ages 5-19)

## Fracture Prediction and Definition of Osteoporosis (1)

 Fracture prediction should primarily identify children at risk of clinically significant fractures, such as fracture of long bones in the lower extremities, vertebral compression fractures, or two or more long-bone fractures of the upper extremities.

## Fracture Prediction and Definition of Osteoporosis (2)

- The diagnosis of osteoporosis in children and adolescents should NOT be made on the basis of densitometric criteria alone.
  - The diagnosis of osteoporosis requires the presence of both a clinically significant fracture history and low bone mineral content or bone mineral density.

## Fracture Prediction and Definition of Osteoporosis (3)

- A clinically significant fracture history is one or more of the following:
  - Long bone fracture of the lower extremities
  - Vertebral compression fracture
  - Two or more long-bone fractures of the upper extremities
- Low bone mineral content or bone mineral density is defined as a BMC or areal BMD Z-score that is less than or equal to -2.0, adjusted for age, gender and body size, as appropriate.

DXA Assessment in Children and
 Adolescents With Diseases That May
 Affect the Skeleton (1)

- DXA measurement is part of a comprehensive skeletal health assessment in patients with increased risk of fracture.
- Therapeutic interventions should not be instituted on the basis of a single DXA measurement.

DXA Assessment in Children and
 Adolescents With Diseases That May
 Affect the Skeleton (2)

- When technically feasible, all patients should have spine and total body less head (TBLH) BMC and areal BMD measured
  - Prior to initiation of bone-active treatment.
  - To monitor bone-active treatment in conjunction with other clinical data.

DXA Assessment in Children and
 Adolescents With Diseases That May
 Affect the Skeleton (3)

In patients with primary bone diseases or potential secondary bone diseases (e.g., due to chronic inflammatory diseases, endocrine disturbances, history of childhood cancer, or prior transplantation (non-renal)), spine and TBLH BMC and areal BMD should be measured at clinical presentation.  DXA Assessment in Children and
 Adolescents With Diseases That May Affect the Skeleton (4)

- In patients with thalassemia major, spine and TBLH BMC and areal BMD should be measured at fracture presentation or at age 10 years, whichever is earlier.
- In children with chronic immobilization (e.g., cerebral palsy) spine and TBLH BMC and areal BMD should be measured at fracture presentation.
  - DXA should not be performed if contractures prevent the safe and appropriate positioning of the child.

DXA Assessment in Children and Adolescents With Diseases That May Affect the Skeleton (5)

The minimum time interval for repeating a bone density measurement to monitor treatment with a bone-active agent or disease processes is six months. DXA Interpretation and Reporting in Children and Adolescents (1)

- DXA is the preferred method for assessing BMC and areal BMD.
- The PA spine and TBLH are the most accurate and reproducible skeletal sites for performing BMC and areal BMD measurements.
- Soft tissue measures in conjunction with whole body scans may be helpful in evaluating patients with chronic conditions associated with malnutrition (such as anorexia nervosa, inflammatory bowel disease, cystic fibrosis), or with both muscle and skeletal deficits (such as idiopathic juvenile osteoporosis).

DXA Interpretation and Reporting in Children and Adolescents (2)

- The hip (including total hip and proximal femur) is not a reliable site for measurement in growing children due to significant variability in skeletal development and lack of reproducible ROI.
- In children with linear growth or maturational delay, spine and TBLH BMC and areal BMD results should be adjusted for absolute height or height age, or compared to pediatric reference data that provide age-, gender-, and height-specific Z-scores.

DXA Interpretation and Reporting in Children and Adolescents (3)

- An appropriate reference data set must include a sample of the general healthy population sufficiently large to characterize the normal variability in bone measures that takes into consideration gender, age, and race/ethnicity.
- When upgrading densitometer instrumentation or software, it is essential to use reference data valid for the hardware and software technological updates.

DXA Interpretation and Reporting in Children and Adolescents (4)

- Baseline DXA reports should contain the following information:
  - DXA manufacturer, model, and software version
  - Referring physician

- Patient age, gender, race/ethnicity, weight, and height
- Relevant medical history including previous fractures
- Indication for study

DXA Interpretation and Reporting in Children and Adolescents (5)

- Bone age results, if available
- **o** Technical quality
- **o BMC** and areal **BMD**
- **o** BMC and areal BMD Z-score
- Source of reference data for Z-score calculations
- Adjustments made for growth and maturation
- o Interpretation
- Recommendations for the necessity and timing of the next DXA study are optional

DXA Interpretation and Reporting in Children and Adolescents (6)

- Serial DXA testing
  - Should be done only when the expected change in areal BMD equals or exceeds the LSC
  - Serial DXA reports should include the same information as for baseline testing, but additionally include:

DXA Interpretation and Reporting in Children and Adolescents (7)

- Indications for follow-up scan
- Comparability of studies
- Interval changes in height and weight
- BMC and areal BMD Z-scores adjusted or unadjusted for height or other adjustments
- Percent change in BMC and areal BMD and interval change in Z-scores
- Recommendations for the necessity and timing of the next BMD study are optional

DXA Interpretation and Reporting in Children and Adolescents (8)

- Accurate interpretation of serial DXA results requires knowledge of the LSC for all sites measured and for all technologists at the DXA testing facility.
- Terminology

- T-scores should not appear in pediatric DXA reports.
- The term "osteopenia" should not appear in pediatric DXA reports.

DXA Interpretation and Reporting in Children and Adolescents (9)

- The term "osteoporosis" should not appear in pediatric DXA reports without knowledge of clinically significant fracture history.
- "Low bone mineral content or bone mineral density for chronologic age" is the preferred term when BMC or BMD Z-scores are less than or equal to -2.0.

## pQCT in Children and Adolescents (1)

- Reference data are not sufficient for the clinical use of pQCT for fracture prediction or diagnosis of low bone mass.
- When the forearm is measured, the non-dominant forearm should be used.
- Measurements sites should include the metaphysis and diaphysis.
- Determination of the precision error, LSC, and monitoring time interval should be performed as described for DXA.

## pQCT in Children and Adolescents (2)

#### pQCT reports should include:

- Manufacturer, model, and software version
- Referring physician
- Patient age, gender, race/ethnicity, weight, and height
- Relevant medical history including previous fractures
- o Indication for measurement
- **o** Bone age results, if available
- Measurement site
- o Limb length

## pQCT in Children and Adolescents (3)

- **o** Scan acquisition and analysis parameters
- o Scan technical quality
- Reference data source for Z-score calculation
- Metaphyseal total and trabecular vBMD and Zscores
- Diaphyseal BMC, cortical vBMD, cortical thickness, cross-sectional moment of inertia, SSI results, and Z-scores.
- Adjustments made for growth and maturation
- o Interpretation

## pQCT in Children and Adolescents (4)

 Quality control procedures should be performed as described for central DXA.

#### **DXA Nomenclature**

DXA - not DEXA

- T-score not T score, t-score, or t score
- Z-score not Z score, z-score, or z score

#### **DXA Decimal Digits**

Preferred number of decimal digits for DXA reporting

- BMD: 3 digits
- T-score: 1 digit
- Z-score: 1 digit
- BMC: 2 digits
- Area: 2 digits
- % Reference Database: Integer

Example, 0.927 g/cm<sup>2</sup> Example, -2.3 Example, 1.7 Example, 31.76 grams Example, 43.25 cm<sup>2</sup>

Example, 82%

## Glossary (1)

- **BMC** bone mineral content
- **BMD** bone mineral density
- **DXA** dual-energy X-ray absorptiometry
- ISCD International Society for Clinical Densitometry
- **LSC** least significant change
- NHANES III National Health and Nutrition Examination Survey III
- **PA** posterior anterior
- pDXA peripheral dual-energy x-ray absorptiometry
- **pQCT** peripheral quantitative computed tomography

## Glossary (2)

- QC quality control
- **QCT** quantitative Computed Tomography
- **QUS** quantitative Ultrasound
- **ROI** region(s) of interest
- **SSI** strain strength index
- TBLH total body less head
- VFA Vertebral Fracture Assessment
- **vBMD** volumetric BMD
- WHO World Health Organization

## The 2007 ISCD Official Positions have received the endorsement of:

- the American Association of Clinical Endocrinologists (AACE)
- the American Society for Bone and Mineral Research (ASBMR)
- The Endocrine Society (TES)
- the North American Menopause Society (NAMS) (endorsement of sections pertaining to the menopausal woman)

# HINTERNATIONAL SOCIETY FOR CLINICAL DENSITOMETRY

342 N. Main Street

West Hartford, CT, USA 06117

Ph: 860.586.7563

Fax: 860.586.7550

E-mail: iscd@iscd.org

Web site: www.ISCD.org

Dearther of California School of Medicine San Diego, California att. WWW.SCD.org

Printed brochures can be ordered online through the ISCD BoneYard.